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City of Leeds

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER
(G. E. ST. CLAIR STOCKWELL B.A. M.B. B.C.)

For the year ended 31st December 1932



*With the Compliments of the
Director of Education*

*Education Department
Culverley Street
Leeds*

City of Leeds

EDUCATION COMMITTEE

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SCHOOL MEDICAL OFFICER

(G. E. ST. CLAIR STOCKWELL B.A. M.B. B.C.)

For the year ended 31st December 1932

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LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

Councillor S. WEBSTER (*Chairman*)

Alderman MORRIS

,, THORNTON

Councillor BLACKAH

,, QUINN

,, H. SPENCER

,, WALSH

,, WOOTTON

MR. CROYSDALE

Mrs. HARVEY

Councillor S. BEEVERS (*Ex Officio*)

MEDICAL STAFF

School Medical Officer—GEO. E. ST. CLAIR STOCKWELL B.A. M.B. B.C.*Full-time Assistant School Medical Officers*—

MAURICE E. WILLCOCK M.B. Ch.B. D.P.H.

FRANCES M. BEBB B.A. M.B. Ch.B. (*leave of absence from September*).

HERBERT HARGREAVES M.B. B.S.

RONALD WOOD M.B. Ch.B.

BASIL M. R. WEST M.R.C.S. L.R.C.P. (*leave of absence for the year*).

IRENE M. HOLORAN M.B. Ch.B.

THOMAS C. LONIE M.B. Ch.B. D.P.H. (*left 30th June 1932*).GWENDOLEN F. PRINCE M.B. Ch.B. (*temporary appointment to July, 1932; appointed on permanent staff July, 1932*).LIONEL O. LODGE L.R.C.P. M.R.C.S. (*appointed Temporary Assistant School Medical Officer September, 1932; left December 1932*).SARAH HARRIS M.B. B.Ch. D.P.H. (*appointed Temporary Assistant School Medical Officer, October 1932*).*Oculist*—RALPH HOPTON M.D. B.S. M.R.C.S. L.R.C.P. (*part-time*)

Also Oculist to the School for Blind and the Special Classes for Myopes.

Consulting Surgeon (Nose, Throat, and Ear)—ALEXANDER SHARP C.B. C.M.G. K.H.S. F.R.C.S. (Edin.).*Consulting Surgeon (Orthopædic)*—S. W. DAW M.B. B.S. F.R.C.S.*Consulting Ophthalmic Surgeon*—SAMUEL D. LODGE L.R.C.P. F.R.C.S. (Blenheim Walk Home and School for Blind.)

MEDICAL STAFF—*continued*

Full-time School Dental Officers—

JAMES LAW L.D.S.
 ARTHUR B. MORTIMER L.D.S.
 ROBERT D. KINNEAR L.D.S.
 ELEANOR KNOWLES L.D.S. (*leave of absence three half-days a week October to December 1932*).
 G. B. FILLINGHAM L.D.S. (*appointed part-time three half-days a week from October, 1932; left December 1932*).
 NORMAN A. BUCK L.D.S. (*appointed January 1932*).

*Part-time School Dental Officer—*G. HERBERT H. RUSSELL M.B. Ch.B. L.D.S.

School Nurses—

VIOLET J. WEBSTER <i>(Superintendent Nurse, retired 30th June, 1932)</i>	VIOLET WOODCOCK
ISABEL FERGUSON <i>(appointed Senior Nurse October 1932)</i>	ETHEL WILSON <i>(appointed October 1932)</i>
JANE TOTTIE	ELIZABETH M. WHURR
GERTRUDE SMITH	ROSE PAYNE
CARRIE LEWIS	HILDA MOODY <i>(resumed duty after six months leave of absence 1st April 1932)</i>
HELENA SIMPSON	EMMA M. HEARNSHAW
EVELINE LOWE	MARY CHERRETT
ELSIE K. BRIGGS	ELIZABETH M. BENSON
ANNIE A. POSKITT	EDITH D. WYNN
MONA K. MACPHERSON	LILIAN MOODY
SARAH E. WEBSTER	MARY D. CARRICK
GERTRUDE M. PENFOLD	MINNIE ABBOTT
GRACE E. PRIOR	Alice SHACKLETON
Alice CLARK <i>(left 31st August 1932)</i>	MARY LANHAM

Masseuses—

EDITH A. REVILL	ELIZABETH SWANSON
Alice M. M. SUGDEN	GWENDOLINE M. BURGESS <i>(left 31st March 1932)</i>
WINIFRED WEAR <i>(appointed April 1932)</i>	

Dental Attendants—

MARY E. MORTIMER	CICELY M. BAXTER
GRACE E. BROWN	MARJORY M. HIXON <i>(appointed April 1932)</i>
CLARA WILSON	
ETHEL WHITE <i>(left 30th April 1932)</i>	

Summary of the Work of the Leeds School Medical Service 1932

No. of Children examined by the School Medical Officers at Routine Inspections	...	...	...	...	24,015 (21,384)
Re-inspected in the Schools by the School Medical Officers					19,065 (18,551)
Examined by the School Dental Officers	...	...	...	...	41,499 (41,412)
Examined by the School Nurses in the Schools	...	...	...	...	189,248 (167,227)
Number of Visits to Homes by School Nurses	1,043 (2,588)

Clinic Work

Total Attendances 1932	222,975 (284,086)
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CLINIC	Number of Attendances		NATURE OF WORK
	Medical	Dental	
Central ...	13,760 (18,755)	5,197 (5,572)	Inspection Refraction X-ray Orthopaedic Artificial Sunlight Aural External Eye Dental
Armley ...	20,728 (25,351)	4,059 (3,942)	
Burley ...	21,703 (28,396)	2,400 (2,411)	
East Leeds ...	15,312 (20,299)	2,781 (2,846)	Inspection Treatment of Minor Ailments
Edgar Street ...	38,564 (46,834)	3,946 (3,433)	Refraction Orthopaedic Dental
Holbeck ...	35,303 (44,563)	2,688 (2,901)	
Hunslet ...	22,940 (30,526)	4,295 (3,949)	
Meanwood Road ...	24,318 (38,420)	—	Inspection
Middleton ...	4,204 (5,154)	—	Treatment of Minor Ailments
Dental Hospital ...	—	618 (734)	Orthodontic

Number of Children certified by the School Medical Officers

(a) Mentally Defective	...	...	...	298 (219)
(b) Physically Defective	...	...	...	413 (402)

The figures in brackets are those for 1931

CITY OF LEEDS

EDUCATION COMMITTEE

**Report of the School Medical Officer for the year ended
31st December 1932**

To the Chairman and Members of the Education Committee

LADIES AND GENTLEMEN

I have the honour to present the Annual Report upon the work of the School Medical Service of the City of Leeds for the year ended 31st December 1932.

Staff There have been many staff changes during the year. Dr. Hopton has been unable to resume work, and has now handed in his resignation. First appointed as part-time Assistant School Medical Officer in September 1914, and as Refractionist in 1916, he has been to some extent responsible for the organisation and supervision of the various refraction clinics, besides keeping a constant watch on the blind and partially-blind children in the classes specially provided for them. His services will be missed. He has always been a loyal colleague, and a good friend to the children of the City.

Mr. S. D. Lodge, Ophthalmic Surgeon to the Leeds General Infirmary, who is also the Certifying Surgeon to the Blind Persons Act Committee, was appointed in February 1932 in a consultant capacity to review all children at the Blind or Partially-blind Schools who are likely either to require operative treatment or to become blind persons under the Act, and it is to be regretted that his breakdown in health occurred so soon after his appointment. His early return to health will be of considerable benefit to the community.

Dr. Lonie resigned on the 30th June, in order to take up work in the Isle of Ely, and Dr. Prince, who had been acting as a temporary School Medical Officer, was appointed to the vacancy.

Owing to urgent family matters, neither Dr. West nor Dr. Bebb found themselves able to return after the Midsummer holidays, and were granted leave of absence. Their places have been filled by Dr. L. C. Lodge and Dr. S. Harris, and both have given satisfactory service.

In place of Mr. Drake, Mr. N. D. Buck was appointed Dental Officer, and commenced duty in January. Miss Knowles has been granted part-time leave of absence in order to study for the Diploma in Public Dentistry.

To the great regret of everybody, Miss Webster, the Superintendent Nurse, and the first nurse to be appointed by the

Committee, felt compelled to resign her appointment in June 1932 owing to persistent ill health. She had played a large part in developing the Nursing Service, and to her must be given a great deal of the credit that the work has undoubtedly earned.

The improvement in the cleanliness of the children is most marked, due very largely to her energy and organising ability. She has been a very good friend to many thousands of Leeds children, and it is to be hoped she may long enjoy the retirement she deserves.

It may be of interest to recall that at the first school she visited nearly 75 per cent. of the girls were found to be verminous; to-day the same school barely shows 1 per cent.

Nurse Ferguson, who has been in the service of the Committee since 1921, was appointed as Senior Nurse. Nurse Clark resigned in August, and Nurse Wilson was appointed to take her place.

The vacancies caused by the promotion of Nurse Ferguson and the resignation of Nurse Gronow in 1931 have not been filled, as by the reorganisation which has taken place, it was felt that the nursing staff might be reduced. On the retirement of Miss Burgess (Masseuse), Miss Wear was appointed, commencing duty in April.

There have been three changes in the clerical staff. Miss Smith has been transferred to the Juvenile Employment Bureau, Miss Hixon to the Dental Department as Dental Attendant (vice Miss White, resigned), and Miss Beer has resigned. Their duties have been absorbed by other members of the clerical staff, and no new appointments made.

Return of Number of Children on Roll on the 31st December 1932

Number on Roll

Type of School		Number of Schools	Number of Departments	Number on Roll
<i>Elementary—</i>				
Council ...	...	78	174	49,126
Voluntary ...	...	52	93	20,039
<i>Higher—</i>				
Maintained ...	...	13	13	5,499
Non-maintained ...	...	5	5	2,050
<i>Industrial</i> ...				
		2	2	193
<i>Special—</i>				
Mentally Defective ...	...	5	5	414
Physically Defective ...	...	1	1	103
Blind and Part.ally Blind ...	...	2	3	216
Deaf ...	...	1	1	84
Sanatorium ...	...	2	2	70
Nursery ...	...	1	1	86
Open Air ...	...	1	1	119
Total ...	...	163	301	77,999

Co-ordination

Co-ordination exists between the School Medical Service and the Public Health Department of the City. Lists are constantly and regularly forwarded by them of children who have attained school age and have been under their care. It is still, however, a fact that parents do not take full advantage of the facilities offered at the Infant Welfare Centres. Far too many children come to school who have never attended the Babies' Welcomes or attended only for a very short time. There is no doubt that if all children attended regularly, the infantile mortality rate would be reduced, and the number of defects found at the entrants' examination in the schools would show a substantial decrease. Rickets, which is still with us, would tend to disappear, as would the other results of improper dieting—a point which is dealt with elsewhere in this Report. In this connection, it should be remembered that many thousand teeth of the milk dentition are extracted every year by the School Dental Service, because advice (which is available at the Babies' Welcomes) is either not sought or not followed. Some form of compulsion for attendance is needed if children are to become A1. There is still too much of the C3 variety.

Arrangements have been made to co-operate in many ways. Firstly, by enabling them to trace children whose parents remove and who should still be under treatment. Secondly, by forwarding to them, from time to time lists of children whom the Enquiry Officers, on census duty, report as probably requiring treatment. Thirdly, by following up those children still requiring treatment who either are taken into school or who reach five years of age. Children under their Orthopaedic Scheme are transferred at five, and treatment continues unbroken, the Education Committee taking over financial responsibility. Fourthly, by providing nursing staff and accommodation at school clinics for immunisation against diphtheria.

The use of certain dental clinics has been offered to the Maternity and Child Welfare Department, and it is hoped that further use may be made of available accommodation at the school clinics.

The co-operation between the General Infirmary and Public Dispensary remains very satisfactory. Help is freely given and constant interchange of information takes place. The Tuberculosis Dispensary has also given much help, and the diagnosis and classification is made on their findings, thus entirely abolishing duplication.

School Hygiene

Generally speaking, the hygienic conditions of the schools are satisfactory. Each year a great deal of work has been done to bring up to date the provided schools of the city, and recommendations

for improvements made to Managers of non-provided schools have been met wherever possible.

Trough closets are being replaced as fast as economic conditions permit, electric light is being introduced, cloakrooms are better ventilated, with consequent better drying of clothes.

Hygiene instruction is part of a child's education, and the need for adequate ventilation of classrooms cannot be too much stressed.

The question of warming up meals brought to school hardly arises, as this is not common, but when meals are brought to school, it is noted that they are too frequently of an unsatisfactory nature.

The children of the three age groups required by the Board have ^{Medical Inspection} again been examined.

All children are seen by the medical staff as soon as possible after admission to school. They are again examined in the year following their eighth birthday, and finally, in the year following their twelfth birthday.

The number of entrants so examined is bound to vary according to the birth rate for the corresponding period, and by the variation in the age at which children are sent to school. It must be remembered, therefore, that the number of "entrants" examined in any one year will include children from three to six-and-a-half years old. There can be no doubt that all three examinations are needed.

Amongst the entrants are found many defects which require early and thorough treatment, and it may be that powers in the hands of the Child Welfare Authority, similar to those of the Local Education Authority, will remove some of the necessity for the examination of this group, for it is to be noted that 21·4 per cent. of all entrants are found to have defects needing treatment, and that is without taking into account the dental condition of most of such children. Again, now that it has been found possible to test the eyesight of most five-year-olds, we may expect to find the number of children requiring treatment to be increased.

Up to date, vision defects have not been systematically dealt with before the eight-year-old examination, and at that examination such conditions as rickets should have been treated. Also rheumatism now begins to show itself; retardation also is able to be measured for the first time, and other problems present themselves at this age.

As regards the final or "leavers" examination, there is every reason for its retention, although postponement till the child's last year might meet some difficulties. Vocational advice can only be given after consultation between teachers, parents, and doctors. This advice is not only appreciated, but is asked for more frequently from year to year. Guidance as to vocation has now become a practical problem, and the leavers' examination seems the best time for making suggestions or remarks that will obviate adolescents being placed in jobs from which they may be ejected by the Factory Surgeons or Welfare Workers. It has always appeared to me to be inexplicable that the work begun by the Child Welfare Clinics and continued by the School Medical Service, has not been made the starting point for National Health Insurance.

No deviations from the Board's schedule have been made.

Findings of Medical Inspection

The following summary shows the findings of Medical Inspection further elaborated in Table II. Individual defects are discussed under the appropriate section on "Treatment."

Summary of Defects Referred for Treatment or Observation— Elementary Schools

DEFECTS	Routine Cases	Special Cases	TOTAL
Tonsils and Adenoids	2,637	967	3,604
Tuberculosis	46	101	147
Skin Disease	616	10,811	11,427
External Eye Disease	262	1,698	1,960
Vision	3,887	5,567	9,454
Ear Disease and Hearing	865	1,640	2,505
Dental Defects	—	—	26,271
Crippling Defects	1,127	864	1,991
Other Defects	9,032	7,816	16,848

Infectious Sickness

For the year ending the 31st December 1932 the number of known cases shows a slight decrease; 9,887 against 10,138 in 1931. But, whilst the figures for the last three years show a total incidence of about 10,000 cases (and a "contact" total of about 3,000) for each year, the incidence of the different diseases shows very wide variations. Measles, for instance, was rampant in 1931, the number of known cases being 5,195, or just over 50 per cent. of the total number of known cases of infectious sickness, whilst in 1932, the total number of cases was 1,493, of which 1,284 occurred in the first part of the year. Thus, the epidemic of measles which began in 1931, had largely spent itself in the early part of 1932.

Over the last three years, it would appear that the first half of the year is by far the more likely to show a large incidence of measles, whilst the second part is comparatively free. Observation will be made to see if the large number of cases that occurred in 1931, and the early part of 1932, has produced any great degree of immunity, and if, as may be expected, this year, 1933, again shows a diminution in the number of cases of measles.

Chicken pox showed a large increase in 1932, as did whooping cough, and both these diseases showed a preponderance of incidence in the earlier half of the year. If there is any truth in the suggestion that these diseases run in cycles, we may find a diminution in their incidence in 1933. Scarlet fever and diphtheria are somewhat reduced, but there are always more cases than one likes to see.

Last year I noted the advisability of parents securing freedom from risk of diphtheria by the process of immunisation, and I regret that so few parents have taken steps to secure that freedom. Immunisation is best done in infancy, or very early childhood, and freedom from this disease can only be achieved when all children are immune, yet the number of children so protected is very small indeed compared with some other cities.

There has been co-operation during 1932 with the Health Department in order to produce immunity, and it is to be hoped that this will continue. It is not possible to deal with the whole city at one time and, therefore, the experiment was tried of giving children in certain areas where the incidence was greatest the first chances of safeguarding.

A circular letter was sent out to the Head Teachers of the schools in the selected areas, asking their co-operation in obtaining parental consent to the process, and the requisite number of the pamphlets, issued by the Medical Officer of Health, went with them. These were given to the children concerned, but the response has so far been extremely poor. Those accepting were invited to attend at a convenient school clinic at a definite time, and were dealt with in an expeditious manner.

Although several thousand circulars were sent out, only 846 consents were received, of whom only 591, or 70 per cent., attended for the full course of treatment. The remaining 255, or 30 per cent., either failed to attend at all or did not complete the course.

One area is being dealt with at the moment, and out of 1,371 children of suitable ages who were on roll at the given date, consent

for treatment has only been obtained in 104 cases, or 7·6 per cent., of whom it may be expected 30 will fail to be presented. Therefore only about 5 per cent. of those children who have been circularised will have received the benefits of immunity. It is true that the process may mean five or even more visits to the clinic, but the benefits are too great to be compared with the loss of time.

The incidence of infectious sickness in three groups of schools which may be described as "A" better class, "B" average," and "C" poor, has been studied, the total numbers on the three rolls being approximately the same. The results show that, for the year under review, the "B" grade schools were the most free from infection, with the "A" grade next, and the "C" grade showing the largest number. It will be interesting to watch the incidence in 1933.

All children known to be suffering from any of the specific infectious fevers are excluded in accordance with the regulations set forth in the Handbook on the Administration of Medical Inspection, a copy of which is in the hands of every Head Teacher, to whom great credit is due for the zeal with which they carry out these instructions, for it cannot be represented too strongly that there is considerable difficulty in obtaining reliable information as to children suffering from infectious sickness. If it were not for the lists supplied by teachers and enquiry officers, it would not be possible to get any data as to the amount of infectious sickness due to other than diseases which are compulsorily notifiable. As it is, daily lists are supplied to the Medical Officer of Health of children who are said to be suffering from chicken pox, measles, whooping cough, etc.

Medical certificates are far too rarely forthcoming, because doctors are not often called in, and these lists are compiled too frequently on parents' statements.

Children found to be verminous or to be suffering from impetigo, etc., are excluded from school by the Medical Officers or Nurses, and are not permitted to return until they are either cleared at the clinics or produce a medical certificate that they are free from any risk of conveying infection.

No schools or departments have been closed for medical reasons during the year, as it is felt that exclusion of infected pupils, coupled with good ventilation and exercise, is more likely to minimise the spread of infection. If "well" children are not at school, they are more likely to congregate under less hygienic conditions. The teaching of hygiene and its importance is one of the most valuable lessons in life.

Infectious Disease 1932

Table A

DISEASE		Actual	Contacts
Scarlet Fever ...	...	725	129
Diphtheria ...	...	668	499
Whooping Cough ...	...	1,581	289
Chicken Pox ...	...	2,751	730
Measles ...	...	1,493	508
Mumps ...	...	2,319	618
Influenza ...	...	320	4
TOTALS	...	9,887	3,944

Table B

Class of School	Total Number on Roll	Actual	Contacts
A	3,560	574	96
B	3,779	357	81
C	3,574	631	201

Swab Report, 1932

CLINIC		Positive	Negative	Total
Central ...	...	1	31	32
Armley ...	...	1	7	7
Burley ...	...	9	37	46
East Leeds ...	...	4	107	111
Edgar Street ...	...	5	47	52
Holbeck ...	...	1	31	32
Hunslet ...	...	5	153	158
Meanwood Road ...	...	3	74	77
Totals	...	29	547	573

Examination of Hairs in Ringworm Cases (All at own Laboratory)

Positive	Negative	More Hairs required	Total
64	55	34	153

Following up

The policy in this respect has remained unchanged.

Parents are still advised in the first instance to bring the child to the notice of their doctor, and clinic treatment is not suggested, as a rule, until the parents have had every opportunity of so doing.

The School Nurses continue their systematic inspections for cleanliness, and it is regretted that there is an increase in the number of children excluded for vermin, although much smaller than 1922. The increased finding is probably due to the fact that Nurses have been able to spend more time in school, with the result that the uncleanly children are excluded more quickly. As a result a reduction may be expected in the year 1933.

Summary of the Work of the School Nurses 1932

(A) INSPECTION	1932	(1931)		
Number of Visits to School Departments	5,531	(4,477)		
Number of Children Examined*	122,565	(85,585)		
Number of Reinspections	66,683	(81,642)		
Number of Defects Discovered—				
Uncleanliness of Head	11,210	(10,023)		
Uncleanliness of Body	4,407	(3,922)		
Other Defects	3,537	(3,444)		
(B) VISITS TO HOMES	1,043	(2,588)		
(C) PROPORTION OF TIME GIVEN TO DIFFERENT SECTIONS OF WORK				
	1932	1931		
	Hours	%	Hours	%
Clinic Work	29,711 $\frac{3}{4}$	71·0	(31,360 $\frac{1}{2}$)	(72·8)
Examinations in Schools ...	10,420 $\frac{3}{4}$	24·9	(6,885)	(16·0)
Visits to Homes	693 $\frac{1}{4}$	1·7	(1,613 $\frac{1}{4}$)	(3·7)
Office Work	1,001 $\frac{1}{2}$	2·4	(3,231 $\frac{1}{2}$)	(7·5)
	<hr/> <u>41,827$\frac{1}{4}$</u>		<hr/> <u>(43,090$\frac{1}{4}$)</u>	

(D) SUMMARY OF THE WORK OF MASSEUSES—

	1932	(1931)
Number of Visits to Homes	105	(231)
Number of Children Treated	435	(1,176)
Number of Treatments	27,134	(31,366)

*In addition to the usual examinations this figure includes special examinations, viz. special vision cases, doctor's routine cases, etc.

The outstanding event in treatment during the year was the extension of the system of "after-school" clinics. Previously, minor

treatment was undertaken only in the mornings, and many complaints were received from teachers that valuable school time was lost by attendance for comparatively trivial ailments, even in some cases to the extent of the full half day. Thus, it would happen that children would lose the whole of the arithmetic lesson day after day. To meet this objection, the clinics are now open from 4 to 5 each evening, and teachers have been asked to send children suffering from minor defects at this time. The more serious cases are still treated in the mornings as well as children from distant schools.

I am assured by the teachers that the scheme is a great success; that children who really need treatment all get it; and that the non-attenders at the evening clinics comprise those who have only very trivial conditions which can easily be dealt with at home.

The change has released Nurses in turn for more important work, such as assisting in the preparation for the Medical Inspection in the schools, thus relieving the Head Teachers of certain duties. It has reduced the margin of error in certain respects, because there are far fewer people making similar observations, and it has enabled investigations to be made on such important points as the age at which children may be expected to give a satisfactory vision test, so that defective vision may be found earlier than hitherto.

This will be referred to again. Otherwise, treatment of minor ailments is carried out as before.

The branch clinics serve the areas around them, and, generally speaking, they are conveniently situated.

It is gratifying to note a considerable decrease in the total number of attendances, and to hope that at last we are beginning to get on the top of the work. Some proportion of the decrease may be due to the evening clinics, some possibly to the extra care taken to avoid duplication. But it is clear that there is a considerable improvement in certain skin conditions, such as impetigo and other minor skin diseases, which show a decrease of 18,400 attendances, whilst external eye diseases and ear diseases also show a decrease of nearly 14,000. Most of these conditions would tend to decrease further if soap and water were used more adequately at home in the early stages. The condition of some children is such that even a slight scratch is bound to become septic.

The decrease in the number of cases of malnutrition attending the clinics is due to the fact that most of the cod liver oil is issued at school, and that children do not make regular attendance for it at the clinics.

Each doctor attends a clinic one half day a week to examine children at the request of parents, teachers, or enquiry officers, and to advise how treatment may be obtained.

There is no change to report in the other activities of any of the clinics, except that the minor cases are seen by the doctors at the afternoon sessions when they are in attendance for other work in order to obviate any necessity for special visits to the clinics.

Ear, Nose, and Throat—This department under the care of the Aural Surgeon continues its valuable work. He attends the Central Clinic on two sessions each week, and at the Blenheim Walk School when required.

Children are referred to him for opinion chiefly by the Medical Officers, but it is interesting to note that the number presented on "parents' request" now constitutes an appreciable percentage.

Minor treatment prescribed is largely carried out at the branch clinics, but it is possible for much to be done at home, especially where nasal hygiene is concerned. The arrangements made for operative treatment with the Public Dispensary still exist, but there is a considerable drop in the number accepting treatment during the year owing to many parents, who are entitled to the benefits of the Workpeople's Hospital Fund, taking advantage thereof. No charge is payable by the Education Committee for these cases, but no less than 115 were so dealt with on the recommendation of the Committee's Aural Surgeon.

It will be noted that whilst 223 cases received operative treatment under the scheme, 1,340 were treated by the local hospitals or general practitioners. I am indebted to the Infirmary and Dispensary for information as to the number of Leeds children on whom they operated during the year.

In this connection it is interesting to note that during the year Mr. Sharp performed 101 operations for draining various sinuses on Leeds school children, of whom 27 were under seven years of age. This condition is much more common than is generally supposed, and careful investigation is being made.

In the treatment of running ears, no change of method is to be reported. Medical Officers in charge of branch clinics constantly inform me that this condition nearly always improves rapidly when once the child will do the daily douching of the nose properly and thoroughly, and, as most children with otorrhœa have an unhealthy nose, it will be realised how important this cleansing becomes. In a large proportion of cases, cure is permanent, but it is to be deplored

that too many children show recurrence because they will not continue their nose drill. There is no doubt that most of the colds, many of the chest conditions, as well as ear diseases, would disappear if the simple process of salt water douching were universal.

All cases of suspected deafness are referred to the Aural Surgeon, and no child is sent to the School for Deaf unless seen by him.

Summary of Ear, Nose, and Throat Work 1932

	Ear	Enlarged Tonsils	Adenoids	Enlarged Tonsils and Adenoids	Other Con- ditions	Total
Number of cases of Ear, Nose, and Throat De- fектs referred by the School Medical Officers for treatment ...	2,232	925	104	953	1,923	6,137
Number of cases which have received operative treatment—						
By the School Medi- cal Service ...	4	2	4	101	22	223
By General Practi- tioner or Local Hospital ...	71	54	4	1,105	106	1,340
Other Forms of Treat- ment—						
By the School Medi- cal Service ...	1,537	64	49	397	853	2,900
By General Practi- tioner, Local Hos- pital or otherwise	574	612	10	75	1,043	2,314
TOTAL TREATED ...	2,186	732	67	1,768	2,024	*6,777
Number of cases ex- amined by Mr. Sharp	170	43	51	588	580	1,441
Number referred for operative treatment ...	11	12	27	465	32	547
Number of cases accept- ing treatment ...	4	2	5	200	22	233
Number of cases actually treated ...	4	2	4	191	22	223

* This figure includes all children of school age sent by General Practitioners as well as the School Medical Officers, treated during the year at Local Hospitals.

115 were arranged by the School Medical Service at the Leeds Public Dispensary through the Leeds Workpeople's Hospital Fund.

Tuberculosis—As in previous years, the diagnosis of tuberculosis is only made by the Tuberculosis Officer, and all suspicious cases are referred to him. This ensures that all cases are brought to his notice, and that only one classification exists for the whole city. Constant

interchange of reports takes place, and there can only be very few children with this disease not known to both sides.

Thanks are due to Dr. Tattersall and his staff for their great assistance and keen co-operation.

Skin Diseases—The number of cases of ringworm both of the scalp and body treated shows an increase.

The installation of the X-ray apparatus and the treatment given at the clinics has materially reduced the incidence of the disease. The number of cases treated at the clinics in 1922, was 2,022, as compared with 565 in 1932.

Ringworm should be stamped out, for not only is it a most unpleasant condition, but it is a cause of lengthy absence from school.

Pathological examinations of hairs have been made in all suspicious cases and, where required, treatment is advised.

Much use is still made of Wood's Glass as a means of diagnosis.

It is to be regretted that the number of cases of ringworm shows an increase over the number for 1931. Fifty-two cases were treated by X-ray as compared with 45 in 1931.

Arrangements have been made with the Health Department for the treatment of children suffering from scabies. In the past these cases have been dealt with by baths at the School Clinic, but there were no facilities for sterilising the clothing. Under the arrangement with the Health Department both processes can be carried out at the same time. Savings will also be effected owing to the fact that the number of cases is very small and it is not economical to utilise School Nurses for the purposes.

External Eye Diseases—It is gratifying to note that these conditions tend to decrease both in number and severity. Many children still make daily attendances over long periods, and one is compelled to the view that home co-operation is not what it should be. Shades are not kept on where provided, and it is disheartening that the condition often persists, where home control fails.

Defective Vision—The number of children reported to require treatment for defective vision, including squint, by the Medical Officers at the routine and special inspections was 7,949. In addition, 1,505 children with slight defects were referred for observation. These children will be re-examined in 12 months' time to ensure that treatment is provided, if necessary.

Refraction work is carried out at seven of the eight school clinics, and was done on 813 half days during 1932. 5,271 children were refracted; glasses were prescribed in 3,856 cases; treatment other than glasses was recommended in 332 cases; and no treatment was considered necessary in 1,016 cases. Seventy-three children obtained treatment at local hospitals, private practitioners, or opticians. Spectacles were provided under the Committee's scheme in 3,558 cases. Of this number payment in full was made in 1,830 cases; payments by instalments were accepted in 1,472 cases; and spectacles were supplied free in 175 cases. In addition, many others obtained spectacles privately.

An investigation as to the incidence of defective vision in young children has been undertaken, details of which appear under the heading of "Special Enquiries."

Dental—The success of a School Dental Scheme must stand or fall by the number of children it turns out from the schools in a dentally fit condition.

It will be of interest to consider the following summary of extracts from reports of Sir George Newman for the guidance of Local Authorities and School Dental Officers—

- (1) That Dental Inspection be carried out with sufficient care to ensure that no child suffering from dental defects is passed as dentally sound.
- (2) That each child who accepts treatment should be given complete treatment.
- (3) That the number of children under the Dental Scheme should be so limited as to ensure that each child is inspected and treated, if necessary, at least once in every 12 months. Four thousand has been laid down as the number with which the average Dental Officer can cope.

In a scheme in which each Dental Officer is loaded with a figure nearer to 10,000 than 4,000 children, the extent to which these very practical recommendations are carried out depends upon the individual view of each officer, but no matter what course he adopts, trouble will ensue. Should his conscience dictate that he adhere to recommendations Nos. 1 and 2, at the end of a year he will have some 4,000 satisfied and dentally fit children, but he will also have thousands of children who have neither been inspected nor treated. As these children will occupy his next year, the first 4,000 cannot be seen again until the third year, and where he had laboured to bring about order, he will again find chaos. He has laboured in vain,

but now the ultimate evil effects of this position will be more far reaching, for of necessity many permanent teeth will have to be sacrificed.

However, should the Dental Officer incline to the view that he must work for the "greatest good of the greatest number," he will be compelled to ignore recommendation 2, as in an attempt to do the best he can for his thousands, he gives only partial instead of complete treatment. This also means he cannot pay attention to recommendation 1, for he must overlook those children whose teeth show only slight decay, lest his numbers get above him. He may be in time to catch up these teeth next year, but the rate of progress of dental caries in Leeds is so rapid, that the probability is he will be too late. At the end of a year he may be able to say that he has given all his children partial inspection and partial treatment, but how many satisfied children he will have is problematical, and he will most certainly have practically no dentally fit children, except those who are naturally so.

Both these systems must fail in their attempt to fulfil the ultimate conception of a School Dental Scheme, for whilst they may succeed in turning out a number of children free from oral sepsis who would otherwise leave school suffering from that condition, they will turn out few children in a perfectly fit dental condition to tackle their life's work.

The question of the satisfied child and parent is more important than may at first sight appear, for in the effort to work through large numbers of children, there is little chance of ensuring that the child is satisfied that dental treatment is a good thing for him, and so encouraging him to attend readily in the future.

From the operation of both these points of view, it is obvious that many children will present themselves as "Casuals" for urgent treatment in ever increasing numbers year by year, and this is proved by the statistics. It is not too much to state that unless some definite control is established over these "Casuals," in a very few years they will be rivalling the routine work for pride of place.

A very definite effort has been made in the past year to reduce the number of permanent teeth extracted, and while some success has attended the effort, it is evident that this figure cannot be much further reduced, if at all, under the present conditions, and in this connection the great value of annual inspection and treatment is to be found in such Special Schools as the Home Office Schools and the School for Blind and Deaf Children.

Regarding the percentage of children accepting treatment which has remained practically the same as the previous year, it should be pointed out that this figure, 70·8 per cent., is actually a truer estimate of conditions than in previous years, a more exact method having been adopted in arriving at it.

In any modified scheme, consideration would have to be given to a definite system of propaganda to overcome parental ignorance and indifference to any but casual treatment, but, in the meantime, such propaganda, except by teachers, is hardly profitable, for while it can only be of a desultory nature, it will succeed in adding to numbers which are already too large to be properly attended to.

It is earnestly hoped that before long the work of the Dental Department will be put upon a basis which will allow it to bear strict investigation of the incidence as to dental fitness obtainable from the latter age groups and the children leaving school.

The following is a Summary of the Work of the School Dental Service 1932

	Number Examined	Number Referred for Treatment	Per cent.	Number Accepting Treatment	Per cent.	Number Actually Treated	Per cent.
Elementary Schools (excluding casuals)							
...	38,389 (37,432)	26,271 (24,243)	68·4 (64·7)	15,062 (14,278)	57·3 (58·9)	12,552 (13,595)	47·8 (56·1)
Casuals	...	—	—	7,395 (6,854)	—	7,395 (6,854)	—
Secondary Schools							
...	3,110 (3,980)	2,207 (2,665)	73·0 (66·9)	346 (37·5)	15·1 (14·1)	392* (340)	17·1 (12·8)
TOTAL (excluding casuals)							
...	41,499 (41,412)	28,568 (26,908)	68·8 (65·0)	15,408 (14,653)	53·0 (54·5)	12,944 (13,935)	45·0 (51·8)
TOTAL (including casuals)							
...	41,499	28,568	—	22,803 (21,507)	70·8 (79·9)	20,330 (20,789)	71·2 (77·3)

The figures in brackets represent the corresponding totals for 1931.

* This figure includes those who accepted treatment in 1931, but were actually treated in 1932.

Crippling Defects and Orthopaedics--The treatment of crippling defects continues on the same lines as formerly.

Partly due to the illness of the Consulting Surgeon, fewer cases have been seen, but it is apparent from the figures that the cases presented for his examination are becoming less severe in character.

It is still to be regretted that parents do not always take his advice with regard to operative treatment. Early and complete treatment is very successful in most orthopædic cases as is shown by the results at Potternewton Park, whence the majority returned "cured" to their ordinary school. In another place will be found a remark on the remainder.

There are numerous agencies in the city dealing with cripples and, if overlapping is to be prevented, it is essential that close co-operation should be secured. In Leeds, arrangements have been made for the linking up of the work for cripples of the School Medical Service with that of the Leeds General Infirmary, Maternity and Child Welfare Service, and the various voluntary organisations.

As Mr. Daw acts as Surgeon to the Orthopædic Department at the Leeds Infirmary as well as to both the Maternity and Child Welfare Department and the School Medical Service, there is a full transfer of notes between the various sections. It is surprising to find how often duplication does arise, because parents sometimes conceal the fact that children are already under treatment, especially if advice has been given which they do not desire to follow. Parents frequently desire to take partial treatment only, and not the full advice offered. This applies to cases where orthopædic appliances are advised as well as massage. They want the massage, but do not desire their children to wear splints, and yet both are necessary for satisfactory treatment. It is sometimes advisable to deny massage in cases where parents will not procure appliances or where these appliances are neglected or not worn.

The massage list is now within reasonable limits; there are still delays at some clinics, chiefly due to the irregularity of attendance on the part of some children. Occasional massage can never be as successful as regular; many of the prescribed exercises can be equally well done at home to retain the benefit of previous treatment—the wearing of splints, when and as prescribed, is entirely a home matter, and yet there is much waste of effort because these matters are neglected. If parents would carry out the recommendations improvement would be more rapid.

It is not every crippling defect that comes under the Orthopædic Surgeon; heart cases must be treated otherwise, and the number of such cases be remembered.

It is probable that there are as many medical cripples as there are surgical, but as these defects are not so visible to the outward eye, they are apt to be overlooked because there is no organised scheme of treatment.

The question of the treatment of heart disease is referred to later, but there are other forms of crippling, such as cases of paralysis for whom medical advice is also required, and for whom country hospitals are not often available, apart from short stays in convalescent homes.

Children suffering from tuberculosis are treated either at Killingbeck or the Hollies, until such time as the Tuberculosis Dispensary sends them to us as non-infective or until they are ready for Potternewton or Lawns House. Tubercle is responsible for much of the crippling of children.

The following is a summary of the work done under the Orthopaedic Scheme.

Number of children examined by the Orthopaedic Surgeon		In 1932	Since inception of Scheme
New Cases ...	... ... ...	202	2,134
Reinspections ...	... ... ...	612	3,308

Number of children recommended for—

(a) Operative treatment	...	...	39	511
(b) Surgical appliances	...	...	143	1,134
(c) Remedial treatment	...	...	121	1,095

Number of children who have been treated under the Committee's Scheme—

(a) Operative treatment	...	...	17	257
(b) Surgical appliances	...	...	130	1,072
(c) Remedial treatment	...	...	117	1,070

Number of cases sent to country hospitals 3 51

There are three children still in country hospitals.

Artificial Sunlight Treatment—During the early part of the year treatment by Artificial Sunlight was reduced to two half-days a week, and, after the Midsummer Vacation this treatment was entirely suspended pending investigation as to the most suitable type of lamp, methods of treatment, and defects most likely to respond.

Sunlight Treatment from January to July 1932

Number invited	...	...	101
Failed to attend	...	...	18
Failed to complete	...	...	10
Course received	...	...	64

Analysis of Reports Received (incomplete)

	Improved	No Change	Retrogression	No Report
Parents' views ...	13	9	1	9
Teachers' views—				
Mental	4	20	—	8
Physical	9	15	—	8
Doctors' views ...	12	7	5	8

Open-air Education

It is gratifying to note that teachers make efforts to hold classes in the open air whenever possible, and to use parks which are conveniently situated. But these facilities can only be used to any great extent during the warmer part of the year, and for the remainder of the time open-air work must be restricted to physical exercises. In inclement weather it is not easy to insist that a class shall have even the period of physical instruction out of doors.

Classrooms are often cold or appear to be cold on these days, with the result that windows are shut in the attempt to keep children warm, although, from the health point of view, the better the ventilation, the less will be the incidence of sickness. Physical training should take place out of doors whenever possible. Short runs across the yard will often do all that is necessary in warming up the children, and should be encouraged. In many departments full advantage is taken of the provision in the Code to organise school journeys, and in some cases whole days are spent in excursions to places of interest in the country.

The School Camp was open from the 16th May to the 26th September, a period of 19 weeks. 2,322 children in all attended for a period of one week each, the available accommodation being for 60 girls and 72 boys each week.

Figures are available of the weights of 1,915 of these children. Out of 1,012 boys, 753 showed gain in weight, 141 remained stationary, and 118 lost. The gains varied from $\frac{1}{2}$ lb. up to 7 lb., the majority gaining from 1-3 lb.; the loss in weight seldom exceeded

1 lb. Out of 903 girls, 649 gained weight, mostly from 1-3 lb., 147 remained stationary, and 107 showed losses, seldom over 1½ lb.

	BOYS	GIRLS
Gain	74·4 per cent.	71·0 per cent.
No change	13·9 ..	10·3 ..
Loss	11·7 ..	11·8 ..

There can be no doubt that the Camp is an asset to the city.

The details appear in the Report of the Chief Organiser of Physical Training, but every child is examined by the Medical Staff before being allowed to go to Camp, and special care is taken regarding the individual cleanliness, for which an extremely high standard is insisted upon.

I have always been struck by the careful management, especially as regards feeding, and by the way the children enjoy themselves, as shown by the desire to go again next year.

One of the School Nurses is present every week. She attends to all minor treatment, but is able to call in the services of Dr. Bates when required. On the whole, the health of the Camp is remarkably good.

Particulars of the Open Air School are given in the Special Schools section of the Report.

There has been considerable interchange of opinion between the **Physical Training** Medical and Physical Training Staffs, and the latter has always been anxious to meet any suggestions made.

The main problem from the medical point of view is to what extent can the individual child who has been treated by the masseuse be given class exercises on the same lines. These cannot be devised to suit individuals, and the child cannot be expected to do special exercises during the ordinary physical training lessons.

•The physical training in the city is progressing on modern lines, and every opportunity will be taken in the future as in the past to bring to the notice of the Physical Training Staff groups of children with minor defects which can be dealt with as classes.

Provision of Meals—The feeding of necessitous school children **Nutrition** has continued throughout the year in the usual way, dinners being provided every day, including holidays, except Sundays and Bank Holidays.

The meals for children attending ordinary Elementary Schools are prepared at a Central Kitchen, and distributed to 13 Branch Feeding Centres by means of motor vans.

Each Special School has a properly equipped kitchen and dining room, and the scholars are fed on the premises, necessitous children free and other scholars on payment. As in previous years, a certain number of children have been fed at the Domestic Subjects Centres, the arrangements being made through the Organiser of Instruction in Domestic Subjects, and the meals prepared by the Cookery Teachers. Much valuable work has been done in this connection, especially in the case of children certified as suffering from mal-nutrition.

During the year ended 31st December 1932 406,770 dinners have been provided as compared with 304,975 in 1931, 216,020 in 1930, and 173,556 in 1929. Of these, 370,249 (276,699) have been supplied from the Central Kitchen, 23,935 (17,892) at Special Schools, and 12,586 (10,384) at Special Centres, including 3,449 (4,644) at Domestic Subjects Centres. The figures in brackets are those for 1931.

Whilst the necessity for the increase due to the industrial depression is much to be deplored, it is gratifying to find that the scheme has been able to cope with all demands. The extra numbers are largely accounted for by the opening of new centres, as at one time the distances children had to travel made it very difficult for some of them to receive School Dinners.

Thirteen centres were in existence at the end of the year, as opposed to nine at the beginning, and the fourteenth has since been opened.

It must be remembered that all children receiving free meals are provided with a bottle of milk, and, in many cases, also with regular doses of cod liver oil and malt, and it is very essential that all be taken into account when considering the dietary of children.

The correct diet must contain the proper supply of vitamins, and also produce the requisite number of calories, a word which, from its derivation, must be associated with heat production, but which, for practical purposes, may be described as vitality or energy units.

Sir George Newman in his Annual Report for 1931, "The Health of the School Child," devotes much space to dietetics, and the provision of milk, and I have no hesitation in copying from that Report in the hope of spreading in our own city the doctrines which he advocates.

There are four cardinal factors which affect the health of the growing child, food, air, rest, and exercise, and of these, food is of

special importance at all times, but especially in times of financial stress. More than any other factor the amount and also the quality of food are likely to vary with the economic situation, with consequent danger to the health of the children. This risk is the more insidious in that deficiencies in the quality of diet may not produce immediately obvious results; a diet may be defective in quality and yet, if sufficient in amount, may satisfy children's appetites and maintain vigour and health for some time, but with inevitable results in failing to promote a full measure of healthy growth, in a lessened immunity to disease, and in other ways.

Sir George Newman quotes from the Report of the School Medical Officer for Stockton

"It is unusual to discover children suffering from the effects of actual shortage of food, but the ill effects of deficient quality are widespread. It is definitely established that during the period of growth, satisfactory nutrition is the most important factor in the well being of the individual. The resistance of the individual to infection and disease is largely dependent upon the ingestion of a diet adequate in quantity and quality and containing, in proper proportions, those varied elements which constitute a satisfactory diet."

This last paragraph shows that it is probable that a defective diet, in childhood especially, is responsible for the impairment of growth and vigour and the susceptibility to infection.

The importance of educating the mothers of the next generation in the production of a satisfactory diet is paramount. In Leeds, the curriculum of the Domestic Science Courses for older girls provides for practical instruction in marketing and storage of food, and for the preparation of simple and well-balanced diets. Food values, seasonable dishes, and the making of wholesome meals for children receive special attention.

The essentials of a satisfactory diet are--

- the daily caloric supply;
- the amount of animal protein;
- the supply of mineral matter; and
- the vitamin content.

It is not possible here to enter into these four essentials in detail, but it may be interesting to show the total needs of children

of different ages expressed as the fractions of the diet of an adult male, taken from the Medical Research Council Report No. 151—

Child 12-14	...	.90
10-12	...	.80
8-10	...	.70
6- 8	...	.60
3- 6	...	.50

All these four essentials must be adhered to and not merely one or two at choice, and there are other points, such as, variety and methods of service to be considered. Further, it is not possible to ingest all the necessary parts of a suitable diet in one meal—three being the suitable number for a growing child. The first meal, or breakfast, is probably the most important, and should contain nearly one-third of the necessities of a good diet, and the mid-day meal the bulk of the remainder.

Every point must be examined separately and therefore, the supply of milk is next discussed.

Milk—The arrangements for the supply of milk to school children have been continued.

During the year ended 31st December 1932, 1,901,939 bottles of milk were supplied as compared with 2,077,738 bottles during the year ended 31st December 1931. 430,122 bottles were supplied free of charge to necessitous children as compared with 301,450 in 1931. The total cost of the milk supplied during 1932 was £7,024 14s. 11d; of this amount, £6,132 11s. 5d. was contributed by the parents, and the cost to the Committee for the milk supplied to necessitous children was £1,792 3s. 6d.

Judging by monthly figures, it would appear that the supply will be stabilised at about 2,000,000 bottles per annum, distributed amongst about 12,000 children, but that the percentage supplied free of charge will vary from time to time.

A questionnaire recently sent out to Head Teachers revealed the fact that the Scheme for the Supply of Milk is adopted almost universally in the city.

Every dairyman who supplies milk to schools under the Scheme, has been approved by the Medical Officer of Health, and a further safeguard has been introduced by arranging that every contractor produces a certificate (from the farmer) that the herd is under regular veterinary supervision.

It may be asked whether the milk supply is advisable, or whether it is not better for children to be fed only by regular meals. The extra feeding by milk has not been confined to the underweights, but in Infants' Departments tends to take the form of a "lunch" lesson for all children regardless of nutritive status, and there is no doubt of the value of the lessons.

Some reasons for the supply of milk may be given -

- (1) The extra milk may be expected to cause a gain in weight in children of subnormal nutrition merely by adding to the total food intake, milk being an essential part in children's diet.
- (2) Many children come to school without adequate breakfast, and therefore milk may be expected to prevent fatigue and to increase ability for good work.
- (3) The diet in an industrial area contains far too much of the carbo-hydrate elements, and animal fats, such as butter, are lacking. Good milk will tend to adjust the balance because it contains all essentials.
- (4) Good milk is a wholesome food, and children who receive sufficient food at home will not be harmed by it. What is good for underweight children is also good for normal ones.

Dr. Corry Mann has given much valuable information as to the addition of milk to the diet of children. He advises the continuation of the "lunch" lesson for young children, and that milk be taken by older children before the morning break.

A circular has been addressed to Head Teachers advocating -

- (1) That children receiving both free milk and free dinners should take their milk as early as possible after arrival at school, so that children who have had an inadequate breakfast may be able to work under better conditions.
- (2) That, in Infants' classes, the "lunch" lesson be retained, and wherever possible, milk be used.
- (3) That the morning break be reserved for exercise and hygiene and not for drinking milk.

Malt and Cod Liver Oil - During the year under review 9,522 lb. of Malt and Cod Liver Oil have been supplied on the recommendation of the School Medical Officers - an increase of 1,620 lb. This is a valuable adjunct to the diet in many cases containing, as it does, so many of the necessities for life in an easily assimilable form.

But, it cannot take the place of proper meals nor can it correct a diet which is overloaded with unsatisfactory foodstuffs. There might be more benefit derived if we could always be sure that every child for whom the drug is provided consumed its doses fully and regularly. This particularly applies to the children who go to the clinics for it, as it is found that far too many are very irregular in their attendance. Regular doses are most important.

Nutritional Quotient—Having regard to the general question of the provision of meals and other extra nourishment, it is necessary to take into account the general state of nutrition in the city.

As previously stated, the so called nutritional quotient is found by dividing the weight in pounds by the height in inches, and it is interesting to observe that Sir George Newman, in his Report for 1931, gives this quotient and its use an important position, in discussing the whole question of growth and nutrition.

The problem of obtaining a reliable scientific measure of growth has engaged the attention of statisticians for nearly 100 years.

Growth is a complex phenomenon involving changes in height and weight, the rate of increase in weight normally exceeding the rate of increase in height. Further, as Sir George indicates, that removal from an unfavourable environment to a more favourable one may be, and often is, accompanied by an improved rate of growth, both as regards weight and height, but the increase in weight proceeds at a greater rate than the increase in height.

In order to make effective use of this quotient it is necessary to make an extensive series of accurate measurements of the weights and heights of a large number of children in any locality, and the samples must be representative of the children in that locality as a whole.

This survey has been made in Leeds at any rate so far as certain age groups are concerned, and the results are summarised in the accompanying table, which gives the mean nutritional quotients expressed as percentages together with the probable errors of these measurements due to sampling.

From the table it will be seen that the Mean Quotient for boys increases from 93.6 ± 0.32 at $4\frac{1}{2}$ to 130.1 ± 0.45 at $12\frac{1}{2}$, whilst the corresponding figures for girls are 90.1 ± 0.39 at $4\frac{1}{2}$ and 136.4 ± 0.59 at $12\frac{1}{2}$.

Nutritional Quotients (expressed in percentages) for Boys and Girls in Leeds Schools for the Age Groups at Routine Inspections

Boys				Girls					
Age Group	No. Examined	Mean Nutritional Quotient	Standard Deviation	Age Group	No. Examined	Mean Nutritional Quotient	Standard Deviation		
4-5	559	93.6	0.32	7.4 ± 0.22	4-5	595	90.9	0.30	3.7 ± 0.27
5-6	930	90.4	0.28	8.4 ± 0.10	5-6	900	93.6	0.30	9.0 ± 0.21
8-9	1,775	110.8	0.24	10.1 ± 0.17	8-9	1,545	108.9	0.31	12.4 ± 0.22
12-13	1,041	130.1	0.15	14.4 ± 0.25	12-13	985	130.1	0.50	18.6 ± 0.42

As a practical guide to Inspecting Officers, the following table was issued in April last —

Boys		GIRLS	
Age Group	Low Limit of Subnormal Nutrition	Age Group	Low Limit of Subnormal Nutrition
4-5	86	4-5	77
5-6	82	5-6	79
8-9	95	8-9	91
12-13	108	12-13	110

It is not contended that these figures are conclusive, but the staff has often said that the table is of great value, and it seems that its use is tending to more general agreement in ascertainment and lessening the big variation that occurred formerly where personal expression of opinion was the only guide.

Whilst Sir George does not take age into account, and is inclined to think it may be neglected, this factor will be retained in our local investigation for the moment for two reasons, first, there is such a wide variation in height at any one age; second, without it, there will be a tendency to confuse physique with nutrition.

To sum up the question of feeding and nutrition is extremely difficult; the criterion must be rate of growth both physically and mentally.

Much has been done in the way of providing additional nutrient. Children often receive free meals, free milk, and free cod liver oil and malt, or any possible variation of any two of them.

It may be that there is every justification for their use, but if so, it is very necessary to see that the total diet value is adequate and spread over the desired period. The content of the school dinner is good, but no person can deal with the whole of his daily ration in one meal, and the provision of milk and a small portion of cheese, butter, lettuce, or an orange in turn, before school in the morning would do much to correct the present improper diet, which contains far too much carbohydrate.

It is a fact that the children who are having both free meals and free milk show lower weights and heights than children who are fed at home either with or without an addition of milk. A breakfast of bread and stewed tea is not satisfactory, and improvement would be expected physically and educationally if there were a more adequate start to the day. The diet must satisfy all the criteria. If it is not complete in all four, it should be changed. No amount of calories will make up for other deficiencies, and no amount of vitamin or mineral matter will make up a shortage in calories or animal protein. A good diet must be complete.

Co-operation of Parents

Parents are always invited to be present at routine and special examinations of their children, and it is noted, with satisfaction, that the vast majority take advantage of the opportunity. No less than 74 per cent. attended at routine inspections.

There is a tendency on the part of some 12-year-old boys to forget to give the notice to their mothers, but otherwise the attendance is very good.

Medical Officers spend much of their time both at routine inspection and at the clinics in discussing points of difficulty. This has been much appreciated, and now we are asked more frequently for guidance as to vocation.

Co-operation of Teachers

The co-operation of the teachers continues to be of extreme value, and during the year it has been my privilege to meet the Committee of the Head Teachers' Association to discuss with them some of the points arising out of Medical Inspection. The decisions at such discussions have been put into operation with good results.

A Head Teacher's time is very valuable. It is important to have their presence at routine inspections, as the team will not be complete unless both teacher and parent are present. This particularly applies to the "leavers'" examination, when the question of future employment should be considered, in order that the requisite information from the medical examination shall be recorded on the employment card and, if necessary, discussed with the parent.

Arrangements now exist whereby Head Teachers can submit for examination children who have had a serious illness during their last year at school.

The teachers have been of great service in the supply of milk, and their representatives have done good work on the Milk Committee.

It is only by the co-operation of the teachers that the best results can be obtained. Their influence with the parents is a great factor in securing treatment for the children, by seeing that deaf and short-sighted children are placed in the best position in class, that children wear spectacles, and by the issue of milk and cod-liver oil, etc.

As usual, much assistance has been given ungrudgingly by the Enquiry Officers. They bring to our notice children who are unable to attend school on account of physical defects and who otherwise might be overlooked. Many cases of gross defect are seen which would not be examined at the Routine Inspection, and their census of children even before they are taken on school roll, is both valuable and complete. Cards of children in attendance at the clinics are seen by them every week, and the action suggested noted. Their help in securing parents' co-operation is appreciated.

There is constant change of information between the two departments, and the liaison is complete.

The Enquiry Officers are responsible for the collection from defaulters, of the payments due for medical treatment or for the cost of spectacles and appliances supplied on the instalment basis, a duty entailing a considerable amount of work.

Blind, Deaf, Defective, and Epileptic Children

There is no change to record in the method of ascertaining and classifying blind, deaf, defective, and epileptic children. The following table shows the position with regard to the disposal of sub-normal children on 31st December 1932.

TYPE	At No School or Institution	Attending Public Elementary Schools	Attending Special Schools	At Other Institutions
Blind...	...	43	121	
Deaf...	...		48	
Epileptics...	7	39	3	
Mentally Defectives...	44	93	406	12
Physically Defectives...	88	1,744	228	100

Many parents seem to object to their children being classified as "exceptional" in any way, and difficulty is still experienced in securing the attendance of children at the schools most suitable for them. Their view can be understood, for there is little doubt that attendance at any Special School is a handicap especially as regards satisfactory employment. Most of these children require not only exceptional treatment at school but also additional help in securing suitable work, and the efforts made by the Juvenile Employment Department on behalf of the sub-normal child show that much can be done when the good offices of employers and welfare workers are obtained.

Many children have been found suitable work which they have retained because employers have been told of the defects, whereas incorrect information or a total lack of it, causes work to be lost. The provision of suitable employment for these children is of paramount importance.

Number of Children on Roll in Special Schools on 31st December 1932

SCHOOL	NUMBER ON ROLL		
	Leeds Cases	Outside Cases	Total
MENTALLY DEFECTIVE—			
Armley Special School	120	5	125
East Leeds	80	3	83
Hunslet Hall Road	65	3	68
Hunslet Lane	75	—	75
Lovell Road	63	—	63
SCHOOL FOR DEAF	46	36	82
SCHOOL FOR BLIND—			
Blind	29	63	92
Blenheim Walk Myopic	1	25	26
Armley Myopic	20	1	21
Roundhay Road Myopic	71	1	72
PHYSICALLY DEFECTIVE—			
Potternewton	103	—	103
Open Air School	120	—	120

In addition the Education Authority are responsible for the maintenance of Leeds children in residential schools as follows—

CRIPPLES—

Marguerite Home, Thorp Arch	1
Kirby Moorside	2

EPILEPTICS—

Starnthwaite	3
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MENTALLY DEFECTIVE—

Sandlebridge	2
Littleton House, Girton	1

DEAF—

Boston Spa	2
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Blind and Partially Blind.—Arrangements have been made for all children likely to become "blind persons" under the Act, to be seen and certified by the Certifying Surgeon to the Blind Persons Act Committee, in order to obviate any difficulty that may arise later. It is desirable that only children should be taught on "blind" lines who are likely to become "blind" under the Act; all others should be taught as "partially blind."

In the interests of these children who are not likely to become "blind," the return of Mr. S. D. Lodge is very earnestly to be desired, and further the question of certain operative measures must remain undealt with during his absence. Otherwise, there is no change to report on the methods of dealing with the blind child, and until the report of the Departmental Committee is issued, remarks, other than those contained in this report, on the partially blind are withheld.

Deaf and Partially Deaf--The systematic examination of the pupils at the Deaf School by the Aural Surgeon assisted by the Head Teacher has continued during the year.

The following summary gives details of the degree of deafness, etc., of children on roll at the School for Deaf.

Number on Roll	...	...	...	...	...	82
Number of these born deaf	...	...	...	...	...	45
Number with acquired deafness	...	...	...	...	...	37

These may be sub-divided again--

Absolute deafness	...	...	...	...	...	55
Partial deafness	...	...	...	...	...	27

Of those born deaf, 19 had no hearing; 13 had a slight trace of hearing; 5 had 15 per cent.; and 8 had better than 15 per cent. of hearing.

The causes of deafness in the 37 cases are as follows--

Exanthemata	...	...	...	...	...	9
Pneumonia	...	...	...	...	...	5
Venereal disease	...	...	...	...	...	2
Meningitis	...	...	...	...	...	6
Otitis Media	...	...	...	...	...	6
Convulsions	...	...	...	...	...	1
Shock	...	...	...	...	...	1
Cold	...	...	...	...	...	1
Teething	...	...	...	...	...	2
Accident	...	...	...	...	...	2
Operation	...	...	...	...	...	1
Unknown	...	...	...	...	...	1

It will be noticed that the main classification is that of children who are born deaf, and those whose deafness has been acquired.

Amongst those born deaf, it will be noted that 37 out of 45 have, at the best, no useful hearing. A child who has never heard at all, or whose hearing is so slight that he cannot differentiate between loud noises is much more difficult to educate than a child whose deafness may be complete, but who has once heard and spoken. It is true that these totally and congenitally deaf children may be taught to speak, but their speech is often unintelligible.

A child born totally deaf or with no useful hearing will not learn to speak in the ordinary way, and when we talk of the deaf and dumb it must be realised that a child does not speak because it does not hear, and that a child with any degree of useful hearing will talk sooner or later. Children who hear but who do not talk come under a different category. Deafness, therefore, produces two types of social disability—

- (1) The deaf mute, to whom speaking is a faculty denied by nature;
- (2) The deafened person, to whom speaking is a natural and obvious means of communication even if in a modified degree;

and of these two, the deaf mute is the bigger problem. To avoid confusion, these two types must be regarded quite separately, even if this implies some stigma to those deaf mutes who have been taught to speak.

It must be remembered that the diagnosis of deafness is difficult. That "there are none so deaf as those who won't hear" is still a truth, and whilst blindness can be found by examination, there is no proved method yet of so dealing with deafness. The deaf mute has quite as hard a time as a blind person, and yet there are no means of dealing with him as a social problem. As a baby and young child he cannot give any intelligible expression to his thoughts, and so his education must begin very early because gestures and grimaces may be his only form of expression, which he must learn to exchange for what is best described as "language," to establish which is the main objective in the training of deaf mutes. This is the difficult task, and where successful produces an amazing state both of usefulness and happiness as opposed to the day when deaf mutes were almost grouped with the imbeciles. On leaving school, his troubles begin again. His use of language is very limited, his knowledge of the words and phrases demanded by his trade is very small, with the result that he is apt to be out of work because there are so many

others without his handicap. To do real justice to the deaf mute is an urgent problem.

No mention of this subject can be complete without a reference to the work of the late Dr. Fiechholz in his "Study of the Deaf," published only a few weeks before his death, a volume deserving much careful consideration.

It may be advisable to consider the extension of facilities for these children in order that their vocabulary may be increased by the acquisition of terms which are likely to be useful to them. The totally deaf deserve as much thought by the community as the totally blind.

Physically Defective. There is no change to record on the method of ascertaining and classifying Blind, Deaf, Defective, and Epileptic children.

There are some who will never be fit for any school at all, and a few possibly for whom transport is difficult, if not impossible.

At the School for Physically Defectives, Potternewton Park, there are 103 children on roll, suffering from varying degrees of crippling, who would not otherwise receive adequate education. Thirty-two children were admitted, and twenty-seven left during the year, nine returning to ordinary schools, eight leaving school altogether, nine otherwise dealt with, and one died.

Of the last 100 admitted, the causative factors were as follows:-

Tuberculosis	...	...	...	40
Paralysis (Infantile)	...	...	...	21
Paralysis (others)	...	...	...	15
Curvature of Spine—Non-Tb.	...	...	...	6
Rickets	...	...	...	3
Heart and Rheumatism	...	...	...	10
Other causes	...	...	...	14

I wrote last year of children whose future, even at the Cripple School, does not hold out much promise. These are mostly children with what are called "dual" defects, which consist of the association of two or more types of defect in the same child. Thus there may be, and often is, an association of physical with mental defect, it may be deafness or blindness combined with either of these two. The degree of disability caused by each of these factors may be small or large, but the system of considering the one defect only is not to be commended. The total disability of all defects must be remembered. Thus, a child may have a physical disability of say 50 per cent. and a mental disability of say 25 per cent. These must be brought together in assessing the social value of the child to the community.

Total deafness has a high disability value, and if complicated by either mental or physical defect, the value of "deaf" education is much reduced.

Of such dual defects we have probably 40 or more cases in Leeds, not enough to make any local arrangements, but sufficient to justify the suggestion that certain combinations of defects should be dealt with nationally, whilst others involving larger numbers might be dealt with in an area such as Yorkshire.

It will also be noticed that there are ten heart cases at Potternewton. These are mostly of a severe nature, and the main object is to keep the children happy and occupied, where otherwise they might be almost bedridden. They cannot do much school work, their outlook on life is both short and limited, but they have companionship.

There is real need for some institution where children can be treated with the view to prevent heart disease, and I trust that an adequate scheme for dealing with insidious rheumatic infection in its various manifestations may, in co-operation with the Public Assistance Committee, shortly be placed before the Committee, in the hope that this cause of so much misery, sickness, and inefficiency may be lessened.

Open Air School—The Open Air School at Lawns House is now open and Dr. Willecock, the Medical Officer in charge, reports as follows—

"The question of the provision of an Open Air School in Leeds has been under consideration for many years. A scheme was prepared shortly before the war, but had, of necessity, to be postponed, and later further delay was caused owing to the financial stringency. Finally, a site was obtained at Farnley, and in 1920, authority was given for plans to be prepared.

The Mansion House, which was acquired with the property, has been extended and adapted to provide accommodation for 50 resident scholars, and for the Matron and domestic staff. Shower baths for the whole school are situated in this block. It is connected by means of a covered way with new buildings erected for the School. There is a central dining-hall—the front of which may be completely opened—overlooking a large asphalt playground. On each side of the playing ground are large rest sheds and lavatories for the day scholars, for boys on one side and girls on the other. In the grounds there are eight separate island classrooms, each of which can be

converted into a full open air classroom by means of windows occupying three of the four sides. Each classroom provides accommodation for 30 children, and, if necessary, further classes can be held in the rest sheds or dining-room.

The School is recognised as providing accommodation for 250 day and 50 resident scholars. The following time-table was arranged for the School, but it is experimental at present.

9. 0- 9.15 a.m.	...	Hygiene period
9.15- 9.50 a.m.	...	Breakfast
9.50-12. 5 p.m.	...	Lessons
12. 5-12.15 p.m.	...	Hygiene period
12.15- 1. 0 p.m.	...	Dinner
1. 0- 2.30 p.m.	...	Rest period
2.30- 4.30 p.m.	...	Lessons
4.30- 4.45 p.m.	...	Hygiene period
4.45- 5.15 p.m.	...	Tea
5.15- 6.25 p.m.	...	Recreation under supervision
6.30 p.m.	...	Bus

In October and February the children leave at 5 p.m., afternoon lessons finishing at 4.15 p.m. In November, December, and January the children leave at 4.30 p.m., the rest period being from 1-2.15 p.m., and afternoon lessons from 2.15-3.45 p.m.

The children are collected at various centres in the city, and are taken to and from the School by special buses, under the supervision of the teachers.

Parents are required to contribute towards the maintenance of the children, according to a sliding scale based upon income.

The selection of suitable children for the Open Air School is made by the School Medical Officers. It was laid down that the function of the School should be 'to afford an opportunity of improving the resisting powers of debilitated children of non-infective types' and 'to produce the greatest benefit to the community in the shortest possible time.'

In accordance with these principles, most of the cases selected for admission were children who were below average in health or physique and so were considered as having lowered resisting power to infection, or who were debilitated after illness of long or short duration, but in whom disease was at least quiescent if not cured. Children in whom there was active disease requiring treatment were not, as a rule, considered suitable cases for admission.

The School was opened at the beginning of the Autumn Term 1932, when 120 day scholars were admitted.

In order to secure continuity of education and full co-operation with the ordinary school, it was arranged that each child should take to the Open Air School the exercise books, etc., used at the previous school, and that these should be returned when attendance was resumed at the ordinary school.

A Matron with nursing qualifications was appointed to take charge of the housekeeping, domestic staff, to supervise the arrangements for the health of the school children, and to undertake the treatment of minor ailments affecting the children during their attendance at the School. It was also arranged that one of the Assistant School Medical Officers should visit the School one half day a week, to examine the children and watch their progress while attending school.

The 120 children, who were admitted to the School when it opened in August 1932, were drawn mainly from the Hunslet and Holbeck areas, their ages ranging from six to thirteen years. In the early part of the term one child—a case of tubercular disease of the knee—was transferred to the Cripple School, as the disease showed signs of being active, so 119 children (54 boys and 65 girls) actually completed the first term in the School. These may be classed in four groups, (1) malnutrition and debility (48 children); (2) cases labelled pretubercular or who had been diagnosed tuberculous, but in whom the disease was now considered quiescent or arrested, i.e., non-infective (32 children); (3) bronchitis, pulmonary fibrosis, bronchiectasis, etc. (25 children); (4) rheumatism—mostly with cardiac lesions (13 children). In addition, there was one child who had recently suffered from an attack of encephalitis lethargica.

The children were weighed at the beginning and end of the term. The girls showed a greater gain in the time than the boys—the average individual increase in the girls being 4.85 lb., and in the boys 3.67 lb. The average gains in weight in the different groups were (1) malnutrition (48 cases) 4.72 lb.; (2) pretubercular, etc. (32 cases) 3.96 lb.; (3) bronchitis, etc. (25 cases) 3.42 lb.; (4) rheumatism (13 cases) 5.77 lb. Cases in the third group probably require a more prolonged period than three to four months, in order to obtain a really satisfactory result, and a number of these children are being retained in the School for a further term. The rheumatism group shows the greatest increase in weight, but the number of cases is small and the gain in weight was mainly due to three children who each gained about 10 lb. during the term. This group was the most unsatisfactory as regards regularity of attendance, two or three of the cases being absent for several weeks during the term.

With the present staff it is not possible to supervise the play time of individual children or to arrange anything in the way of graded exercises for special cases. For these reasons the School does not appear to be well suited at present for children with rheumatic heart lesions.

For the rest period in the middle of the day (1.2.30 p.m.) the children, if the weather is fine, are able to have their couches and blankets on the open playing ground; if the weather is wet, they use the covered sheds at the sides of the playing ground.

It was interesting to notice, as the term progressed, how much more quickly the children settled down for the rest hour, and how an increasing proportion of them slept soundly during the time. The supervision of the children during the rest period was carried out each day most efficiently by two of the teachers.

The shower baths and hygiene periods form an important part of the regime of the School, and should have a beneficial educative effect for the future, as the children have thoroughly enjoyed them. The shower baths especially have been very greatly appreciated.

The dietary has proved quite adequate. A specimen week—for the five days ending 10th September 1932—is given below—

Day	Breakfast	Dinner	Tea
MONDAY ...	Porridge Bread and dripping Tea	Roast mutton Greens Potatoes Milk pudding	Brown bread and butter Apples Cocoa
TUESDAY ...	Cold bacon Bread and butter Tea	Roast beef Potatoes Carrots Custard and stewed prunes	Bread and dripping Buns Tea
WEDNESDAY	Porridge Bread and dripping Tea	Sausages Potatoes and gravy Baked pudding and custard	Brown bread and butter Cheese Tea
THURSDAY	Fried bacon Bread and butter Cocoa	Cold beef Potatoes and gravy Steamed jam roll Custard	Bread and butter Bananas Cocoa
FRIDAY ...	Porridge Bread and butter Tea	Steamed fish Potatoes Steamed suet pudding Custard	Bread and butter Cake Cocoa

Great care has been taken to vary the diet from week to week and avoid monotony.

The service of the meals has been attractive and, considering the small staff available, wonderfully expeditious.

One of the most gratifying points noted during the first term of the School was the way in which the children improved in general appearance and energy; in many cases they looked like different children by the end of the term. The attendance—94·99 per cent. over the whole term (it was 96·8 per cent. during October)—shows how keen the children were to attend regularly. Cases occurred of children walking all the way to the School when they had failed to catch the bus in the morning. Almost without exception the children were happy and contented, and this must have been very gratifying to those in charge of the School."

This is another asset to the city, and parents should realise that it is a privilege to have a child there.

Stammerers—Classes for stammering children have been held at the following centres during the past year—Castleton, Gipton, and Kirkstall Road Schools.

The results achieved have again more than justified the running of these special centres, which were at first tried only as an experiment.

The children in all cases are nervous and highly strung, and a great part of this cure seems to be obtained by taking them from past associations, where they are necessarily often reminded of their affliction, and allowing them as free discipline as possible.

At the end of each term the children were visited by the staffs of their respective schools, and also by their parents.

This is done in order that they may become familiar with the methods adopted with a view to continuing the treatment at the ordinary schools and in the homes, thus supplementing the circular issued to parents when the child commences the course of treatment.

It is very gratifying to hear that the teachers concerned have been amazed at the improvement shown in their pupils, and have been anxious to know how to maintain the improvement; they also specially remarked on the excellent articulation and elocution of the pupils. The parents, too, have been very helpful, and their anxiety to assist in all possible ways out of school has been very noticeable. In letters of thanks it is curious to note that great stress is laid not only on the improvement in the child's speech, but in the general health, and especially with regard to "nervousness." The only possible deduction is that their disability does produce an inferiority complex, which tends to disappear with the improvement in their speech and general health.

The Instructor, Mr. Nettleton, has kept in touch with many of the children who have previously attended. Relapse does not seem common, indicating that both parents and teachers have done all they can to help. One curious fact appears, that boys seem more frequently affected than girls.

Report of Classes held during 1932

Classes held at—				BOYS	GIRLS	TOTAL
Castleton	...	...	...	11	2	13
Gipton	...	...	...	7	8	15
Kirkstall Road	...	...	...	14	2	16
				—	—	—
				32	12	44
				—	—	—

Analysis of reports—

Cured	...	...	...	14	8	22
Very much better	...	...	...	8	—	8
Much better	...	...	...	3	1	4
A little better	...	...	...	5	3	8
No improvement	...	...	...	1	—	1
Absent seven weeks	...	...	...	1	—	1
				—	—	—
				32	12	44
				—	—	—

Analysis of reports on ten children who were very bad stammerers on admission—

Very much better	...	...	...	4	—	4
A little better	...	...	...	2	3	5
No improvement	...	...	...	1	—	1
				—	—	—
				7	3	10
				—	—	—

Mental Deficiency—This problem is still the most difficult to be faced by School Medical Officers.

The certifying of a child of tender years as mentally defective is a great responsibility. It is wise legislation which leaves all children, who are thought to be educable, under the Education Authority.

One of the greatest difficulties is to convince parents that their child is slow or backward, and they make great efforts to hide such defects, which are not so evident to the eye as are the physical defects.

It is no use placing a child in an environment in which he is unable to benefit, and the payment of large fees will not produce the desired result if natural ability is not present.

I have been asked by various members of the Committee to give some description of mental deficiency in its origin, and an explanation of some of its terms and of the duties of the Committee.

Summary of Examinations for Mental Conditions, 1932

	Boys	Girls	Total	%	% for 1931
Certified to continue in attendance at Ordinary Elementary Schools	138	120	258	46.2	61.3
Certified for Day Special Schools for Mentally Defective Children	83	67	150	26.9	22.6
Certified as Imbeciles*	5	15	20	3.6	2.1
Certified as Idiots	4	3	7	1.2	.2
Excluded from school pending examination at a later date	3	1	4	.7	1.0
Certified Mentally Defective. Permitted to remain in Private Schools	3	4	7	1.2	1.6
Certified for Residential Special Schools for Mentally Defective Children	—	1	1	.2	.3
Certified Mentally Defective but recommended for notification to the Mental Health Services Committee*	67	34	101	18.1	8.3
Certified Mentally Defective. Allowed to continue at ordinary Elementary Schools, but to be kept under observation until 16 years of age	5	3	8	1.4	2.0
Children from other Authorities examined prior to admission to Leeds Day Special Schools	2	—	2	.4	.5
TOTALS	310	248	558	—	—

*In addition to the examinations at Clinics the Special Schools were visited periodically, and the following number of children were discharged as incapable of deriving further benefit from the instruction given. These numbers are included in the above Table.

	Boys	Girls	Total
Feeble-minded	58	29	87
Imbeciles	—	2	2
TOTAL	58	31	89

The Nature of Mental Deficiency—Mental Deficiency is defined in two Acts of Parliament—

- (1) The Education Act of 1921,
- (2) The Mental Deficiency Act of 1927.

which are intended to serve different purposes

- (1) To provide suitable education,
- (2) To provide suitable care and supervision,

and so are based upon different criteria with consequent misconception as to the nature of mental deficiency.

It is necessary to draw attention to very wide variations in general mental capacity, scholastic educability, special aptitudes, emotional response, temperament, and character.

The community may be broadly divided into two groups—

- (1) Where there is normal performance of social duties.
- (2) Where mentality is such as to render independent and efficient adaptation impossible, requiring some degree of external assistance.

This group—the mentally incapable—is a very mixed one, and consists of three classes—

A—Persons whose incapacity is due to their minds having failed to reach a normal standard of development.

B—Those with minds of normal development but who are suffering from a disorder of mental function which renders them temporarily incapable.

C—Those with minds of normal development but undergoing degeneration or decay.

These may all overlap and one may merge into another, but for descriptive purposes the three divisions hold good.

The term Mentally Defective is now limited in ordinary use to the first class only, that is, to those persons suffering from an imperfect mental development, whether inborn or acquired, or as it is technically termed, Amentia. The groups B and C become known as Dementia and include lunatics. Therefore we have to answer two important questions—

- (1) What do we mean by incomplete development?
- (2) How is it to be gauged?

At first sight it would appear to be both logical and justifiable to regard any individual whose mind falls in any way short of complete mental development as being mentally defective. Judged by such a standard, we have to admit that most, if not all, persons are in

some respects mentally defective—which would be absurd. We arrive at the conclusion that, whilst the human mind is made up of an almost infinite variety of activities, there are certain functions which are of fundamental importance.

It is obvious that a person may fail in some sphere of life because of a specific mental disability, but, so long as he is not deficient in the fundamental and essential factors, he should be able to maintain an independent and efficient existence in some situation in the social fabric. If he is deficient in these factors it is considered that he will come within the category of the mentally defective. It is now recognised that independent social adaptation is largely dependent upon the presence of certain inborn capacities, the most important being “general intelligence” and “general emotionality.” These general factors are essential for normal behaviour.

Defects of specific abilities may not be of serious moment, and it is possible for a person to be efficient socially even though lacking in one or other of such abilities. Nevertheless, in actual practice it is found that a wide range of specific disabilities is suggestive of a defect of general intelligence. Educational attainments, general knowledge, practical ability, are all acquisitions in part dependent on intellectual capacity, so that failure in these directions is suggestive. Broadly speaking, the children who manifest a general failure in school environment show a similar failure in after life, and the reliability of the “school test” depends upon the fact that all-round success at school is determined largely by the child’s native endowment in general intelligence and emotionality. The child who fails to make satisfactory progress, who is definitely subnormal in the practical activities, and who fails to develop those instinctive and emotional tendencies necessary to harmonious social life, will be inefficient and incapable after leaving school. It must be admitted that the so-called educational standard taken alone has proved misleading in some cases, because a narrow scholastic standard of proficiency in a few subjects—the three R’s—has been adopted instead of a broader and more comprehensive concept. Specific abilities have been stressed and general factors overlooked.

Mental Deficiency, therefore, is to be regarded as a condition of incomplete development of mind of such degree or kind as to render the individual incapable of adjusting himself to his social environment in a reasonably efficient and harmonious manner.

Incomplete development occurs under two heads

- (1) By reason of inborn incapacity, i.e. up to conception.
- (2) By reason of arrest by external causes.

The development of mind is primarily dependent upon an innate potentiality for an impetus to such development. The amount of this potentiality varies in individuals, and in the first group mental deficiency is due to the potentiality being insufficient to result in the degree of mental growth necessary for independent social adaptation. The deficiency of this group is called *Primary Amentia*, and is mostly due to conditions arising up to and including the moment of conception. It may happen, however, that the inherent potentiality is normal, but the development of mind is interfered with by some external factor operating upon the growing brain. This may occur before, during, or after birth, and constitutes what is called *Secondary Amentia*. Such causes are illness in a pregnant woman, injury at birth, and the various forms of encephalitis or meningitis incident on a brain before growth is complete, as well as some other diseases causing cerebral symptoms.

It is therefore apparent that considerable investigation into family history must be made in the case of primary amentia, whilst further points will still require to be elucidated in the case of secondary amentia.

The following table is by no means complete, but it gives some idea of factors which are productive of primary amentia—

Number on roll in Special Schools	...	...	...	414
Number of known illegitimates	...	...	...	41
Number of suspected illegitimates	...	...	...	7
Number of known cases of feeble-minded brothers and sisters	...	...	...	91
Number of known cases of feeble-minded parents...				48
Number of known cases of feeble-minded relatives				25
Number of suspected feeble-minded parents	...			82
Number of known criminal parents	...	...	...	7
Number of known alcoholic parents	...	...	...	17

As regards secondary amentia, such factors do not arise directly. Investigation into the health of the mother during pregnancy is most important, as also is the history of the illnesses of the child.

The Report of the Medical Research Council, No. 162, on Intelligence and Disease, is very informative on this point. It points out that children suffering from ailments described as non-brain, such as rheumatism and pneumonia, do not show any appreciable loss of intelligence, and that diseases of the brain or ductless glands, do produce that loss. Children with chorea were neither more nor less intelligent than the rest of the patients. Epileptics were, on the

whole, of lower intelligence, and many showed signs of degeneration. Chronic illness does not appear to retard seriously the development of intelligence unless it be of a "brain" type. Further, there was a significant correlation between height and the intelligence ratio, those of higher intelligence being taller, whilst they also walk and talk earlier.

The diagnosis, therefore, is seldom easy, and the method of disposal more difficult. There is still a stigma attached to a child who attends a school for the retarded. But it is to be remembered that the ideal of such schools must be to give a chance to retarded children to be of service to the community. The usual conception appears to be that such schools are for low type cases only. With this I disagree. There are many children of the higher type who would become of greater service by being taught at slower rates, and by having greater opportunities at craft work than by their retention in ordinary schools where they only digest a portion of their work.

Backward classes deserve consideration, and should be properly organised and inspected. They should not become dust heaps nor should they exist in corners. Every child therein should be carefully tested by examination each year, and those who do not make progress be referred for further investigation. Such classes cannot take the place of Special Schools, because the ideal must be to make the best of every child who comes within the purview of the Authority.

The service of trained psychologists in the city, and better means of dealing with older boys are matters for consideration.

After Careers—The following particulars have been obtained with regard to the occupations and wages of children who have left Leeds Special Schools during the past five years.

(A) Blind

Year	Employed	Trainees at Leeds Institution	Un- employed	At Oxford University	Collegiate Training	Total
1929	1	—	—	1	1	3
1930	—	2	—	—	—	2
1931	—	8	—	—	—	8
1932	—	1	—	—	1	2
	1	11	—	1	2	15

Two children who left the School for Blind in 1932, have not been certified blind within the meaning of the Blind Persons' Act, and one boy who left in 1929 has been decertified.

(B) Deaf

Year	Em-ployed	Out of Work	Further Training	At Home	Married	Discharged to	Total
						Ordinary School (Sufficient Hearing)	
1928	6	2	—	1	—	—	9
1929	12	3	1	3	1	1	21
1930	9	1	1	1	—	—	12
1931	10	2	2	2	—	—	15
1932	2	2	—	1	—	—	5
	39	10	4	8	1	1	63

One girl who left in 1929 is in Meanwood Park Colony.

Occupations

		Boys	Girls	Total
Tailoring and Dressmaking	...	...	4	8
Domestic Work ...	...	—	3	3
Gardening and Farming	...	...	2	2
Cabinet-making and Upholstery	...	...	7	7
Assistant Caretaker	...	...	1	1
Cushion Filling ...	...	...	—	1
Boot Repairing and Manufacturing	...	2	1	3
Dental Mechanic	...	...	1	1
Rope-making ...	...	...	—	1
Brush-making ...	...	...	1	1
Firelighter Making	...	...	1	1
News Vending ...	...	...	1	1
Refuse Collecting	...	...	1	1
Baking ...	...	...	—	1
Photographer's Apprentice	...	...	—	1
Errands ...	...	...	1	1
Collecting for a Mission	...	...	1	1
Further training at Manchester	...	2	2	4
		25	18	43

Wages

Age	Boys			Girls	
	No.	Average Wage		No.	Average Wage
16	—	—	—	1	10/-
17	2	9/6	—	4	8/10
18	4	11/6	—	5	13/4
19	7	16/8	—	4	10/5
20	4	20/-	—	—	—

In eight instances an accurate statement of the earnings could not be obtained.

(C) Physically Defective

Year	Discharged to Ordinary School as Cured	Em- ployed	Out of Work	Unem- ployable	Left City	Domestic Work at Home	Total
1928	23	7	2	—	1	—	33
1929	11	7	—	—	4	—	22
1930	13	4	—	—	2	2	21
1931	19	6	2	2	—	—	21
1932	9	7	—	2	2	—	20
	75	31	4	4	9	2	125

Four children were certified as mentally defective, and have been transferred to schools for mentally defective children during 1932; three have been admitted to the Marguerite Home, one to Dr. Barnardo's Home and one has died.

Occupations

		Boys	Girls	Total
Tailoring and Dressmaking ...	...	3	13	16
Boot Repairing and Manufacturing ...	...	6	—	6
Engineering ... ...	...	2	—	2
Laundry Work ... ...	...	—	1	1
Brush-making ... ...	...	—	1	1
Drysaltery ... ...	...	—	1	1
Printing ... ...	...	1	1	2
Surgical Appliance Making ...	...	1	—	1
Domestic Work at Home ...	...	—	2	2
Clerical ... ...	...	1	—	1
		14	19	33

Wages

Age	Boys		Girls	
	Number	Average Wage	Number	Average Wage
14	2	7/-	1	7/3
15	1	9/-	1	10/-
16	5	12/1	1	14/-
17	2	9/6	5	10/0
18	2	12/-	5	12/0
19	2	16/-	1	15/-

(D) Mentally Defective

Males

	Employed	Out of Work	Industry or Occupation Centres	In Institutions	Unemployed or useful at home	Deceased	Removed or Married	Total
Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	17	—	—	—	—	—	—	17
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	20	5	—	4	5	—	—	34
STATUTORY CASES								
Notified under Section 2 (2)b children who left Special Schools at 16 years of age who require supervision	37	3	3	2	1	—	—	51
Notified under Section 2 (2)a children who were dismissed from Special Schools before reaching 16 years of age as ineducable	45	—	151	48	48	6	2	300
	119	8	154	59	54	6	2	402

Females

Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	17	—	—	—	—	—	—	17
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	18	8	1	4	6	—	—	37
STATUTORY CASES								
Notified under Section 2 (2)b children who left Special Schools at 16 years of age who require supervision	25	8	—	8	6	—	—	47
Notified under Section 2 (2)a children who were dismissed from Special Schools before reaching 16 years of age as ineducable	9	1	124	47	48	2	—	231
	69	17	125	59	60	2	—	332

Total

Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	34	—	—	—	—	—	—	34
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	38	13	1	—	11	—	—	71
STATUTORY CASES								
Notified under Section 2 (2)b children who left Special Schools at 16 years of age who require supervision	62	11	—	15	7	—	—	68
Notified under Section 2 (2)a children who were dismissed from Special Schools before reaching 16 years of age as ineducable	54	1	272	65	66	8	2	531
	188	25	279	118	114	2	2	734

Occupations

			Boys	Girls	Total
Clothing Trade ...	...	...	33	29	62
Shoemaking ...	...	...	4	2	6
Domestic Work...	...	...	—	5	5
Miners ...	...	...	1	—	1
Messengers ...	...	...	6	—	6
Firewood ...	...	...	9	—	9
Rug Making ...	...	...	1	—	1
Mills ...	...	...	7	7	14
Farms or Market Gardens	...	...	3	—	3
Labourers ...	...	...	24	—	24
Miscellaneous ...	...	...	14	9	23

Wages

Age	MALES		FEMALES		Total
	No. of Wage Earners	Average Wage	No. of Wage Earners	Average Wage	
15 }	34	6/6	13	10/7	48
16					
17	23	9/9	9	11/5	32
18	23	10/9	12	12/6	35
19	11	12/4	6	13/10	17
20	5	10/6	10	13/-	13
21	0	10/11	2	13/6	8
and over					
—	102	—	52	—	154

Nursery School

Summary of Routine Examinations

	No. of Children Examined	No. of Defects Referred for Treatment	No. of Defects Referred for Observation	No. of Children with Defects	No. of Children Referred for Treatment	No. of Children Referred for Observation	No. of Children without Defects
Nursery School	76	10	114	68	8	46	8
Nursery Class	34	10	50	31	7	18	3

Dr. Prince, the Medical Officer, who has charge of the work, writes—"In view of the increasing interest which is being taken in the problem of the pre-school child it may be opportune to review the provision made for the younger children in our Leeds schools. We have the Infant Classes, the Nursery Class, and the Nursery School.

Children are admitted to the Elementary Schools at three years of age, and in most Infants' Departments there is a Babies' Class in which certain of the physical needs of the little ones receive attention. Milk is supplied in the morning, and folding beds make an afternoon sleep possible.

In these classes, as in the Nursery Classes, the children are taught the value of cleanliness and good habits. Handkerchief drill and breathing exercises are insisted upon, and the children occupy themselves in domestic activities, constructive games of many kinds, music, and nature study, thus gradually learning to take their place as members of the community.

An experimental Nursery Class has been established at the St. Peter's Square School, and here, so far as possible, Nursery School principles have been established. An adequate supply of hot water, hand-basins, and a small bath make it possible to train the children in personal cleanliness, and each child learns to use soap, towel, comb, and toothbrush. In addition to the morning milk, a mid-day meal is provided at a small charge for those who desire it, and in certain necessitous cases meals are provided free. The dietary is planned so far as possible to remedy the known deficiencies of the home fare. Dairy produce and fresh fruit therefore play a large part in the menus.

The Class Teacher devotes much attention to the children's physical needs, and is assisted by a Nursery Maid trained in a children's hospital. The School Doctor, Masseuse, and Nurse visit the class regularly. Trivial injuries are treated in school; other minor ailments are referred to the neighbouring clinic.

A small garden makes it possible for the children to spend a considerable amount of time out of doors, and, although the classroom is not quite ideal according to the most modern standards, it provides the children with considerably more light, space, and air than they would obtain at home.

The close connection between the Nursery Class and the Infants' Department has certain definite advantages. The little ones can conveniently be brought to School by older brothers and sisters. The child does not suffer an abrupt transition from the Nursery to school life proper. The Infant Teachers are fully informed of the child's previous history when it is transferred to their care from the Nursery Class, and the importance of physical well-being as an aid to scholastic progress is kept prominently before the minds of the entire staff.

With comparatively small structural alterations, Nursery Classes could be established in many of our Infant Departments. The Nursery would require, if possible, to be isolated to a certain extent from the other departments, to allow for unhampered play and undisturbed sleep. Ample floor space would be necessary to allow for the toddlers' insistent demand for free movement, and there should be easy access to playground or garden. Facilities for the provision of meals would be indispensable, as would adequate lavatory and sanitary accommodation. The teachers would require a sympathetic understanding of nursery hygiene and infant psychology, and might well be assisted by nursery maids.

The Hunslet Nursery School has been planned to approximate to the ideal. It is an excellent building constructed on open-air lines, with well-designed kitchens, cloakrooms, bathrooms, isolation-room, a good garden, and has a staff fully trained in the nurtural and psychological needs of the young child. The School is open from 8.30 a.m. to 5.30 p.m. A mid-day meal is provided for all. Fresh milk is served morning and afternoon, and cod liver oil is given as a routine measure. Minor ailments are treated at school and clinic. Doctor, Masseuse, and Nurse attend regularly. The parents are encouraged to take an active interest in the School, and much valuable educational work is done among them. Thanks are due to the staff of the Infant Welfare Clinics and the Health Visitors for helpful information concerning the past histories of those of our charges who have passed through their hands.

Doubts are often expressed as to the advisability of making school provision for children under five years of age. It is said that the young child should be left in its mother's care. The Nursery Schools are not intended to relieve parents of their legitimate responsibilities; but where, despite the endeavours of the parents, the home environment is such as to obstruct the physical and mental development of the child, there is ample proof, on medical grounds, that the Nursery School conditions can do much to put matters right.

At both St. Peter's Square and Hunslet, entrants show a high incidence of defects, and it has been interesting to note how rapidly improvement takes place in these children under nursery conditions. Ricketty stigmata begin to fade, the general health improves, and increased vitality shows itself in the bearing of the children, the texture of the skin, and the sparkle of the eyes.

As time passes, the children consolidate this initial advance, so that at the routine examination of those about to be promoted from

the Nursery to the Infants' Schools, there is found a preponderance of sturdiness and high spirits unusual among the children of the neighbourhood.

Graphic records of the children's height and weight have given interesting evidence as to the value of the Nursery regime. It has been found that the normal upward curve of the weight chart is very constantly interrupted at holiday times and, in many cases, a downward trend has been noted at these periods. 'Non-dinner' children show this tendency as well as 'dinner' children, though to a less extent. This indicates that dietetic factors are not solely responsible for the deterioration. An important factor in Nursery School life, which must strongly influence growth, is the insistence on adequate daytime sleep. In too many cases this is unobtainable under home conditions. When the advantages of Nursery environment are considered and what it can offer in the form of light and space, fresh air, opportunities for constructive play and training in the elements of personal hygiene, in addition to medical supervision, remedial treatment, balanced dietary, and all those factors which constitute wise nurture, it is easy to account for the sudden increase in the rate of growth which marks each return to school.

There can be little doubt that the favourable environment of the Nursery School and the Nursery Class has a powerful influence in preparing children in body and mind to reap the fullest possible benefit from the formal education which is later to be provided for them."

The Scheme for Medical Inspection in Secondary Schools provides for a full routine examination of pupils in the same age groups as in Elementary Schools with an additional examination in the year following their fifteenth birthday. At the Junior Technical Schools, boys are seen during their last year. A fee is charged for treatment unless remitted by the Committee.

Secondary Schools

Generally speaking, the health of the children is well safeguarded by private practitioners, and it is doubtful if the time spent by the medical staff in some schools is justified, but as the Board requires further opinions, Dr. Bebb, who carries out most of the medical inspections in Girls' Secondary Schools, and who has herself served as a Form Mistress, has consulted with several head mistresses and reports as follows

"Medical Inspection of girls in Secondary Schools is extremely valuable in spite of the fact that many of these girls are under the care of their own doctor. The inspection is (1) physical; (2) psychological.

(1) *Physical*—Advice is given concerning spinal curvature, heart conditions, flat foot, defective eyesight, malnutrition, menstrual disturbances before such conditions become acute, thus ensuring early treatment and care. In many cases these conditions are unrecognised, or not deemed of sufficient importance, to warrant consultation with their own doctor. Lack of funds may prevent some parents from doing so until the child is actually ill. The parents welcome any suggestion or help that is given. The Head Mistresses, without exception, agree that it is a tremendous relief to have the doctor as an ally and consultant, and so bring about complete co-operation between the school, the doctor, and the home. In this way, any undue strain due to overwork may be avoided, and advice given as to the requisite amount of rest and sleep.

(2) *Psychological*—It is essential in dealing with psychological problems that a complete medical history of the child and the parents should be available at the time of inspection.

Questions are often asked as to the vocation suitable for the child, and on this point neither a physical examination nor a knowledge of the child's capabilities alone will suffice to form a decision. General traits of character, instability, lack of concentration, emotional disturbances, must also be taken into account. Many difficulties arise also with regard to general conduct and behaviour.

The question of myopia must figure largely in any choice of vocation which requires close work or continual eyestrain. In cases such as these, the advice of the doctor is of supreme importance. Parents are generally alive to the importance of health questions, and derive benefit from the help and guidance of the School Medical Officer."

Dr. Hargreaves, who has made enquiries into Boys' Secondary Schools, entirely concurs.

It will be noted that the Head Teachers are unanimous in the opinion that the scheme should be continued.

Vision—Dr. Wood has conducted investigations into Defective Vision, and reports as follows—

During 1932 all available myopic (shortsighted) children refracted in 1931 have been re-examined.

From the results of this latest refraction, we have again determined, in those cases having no astigmatism, the average rate of increase per annum in the degree of myopia for each eye in the various age groups, including the children refracted last year.

Ordinary Schools

Age	Number of Eyes		Average Rate of Increase	
	R	L	R	L
6-7	11	10	.71	.74
7-8	83	83	.17	.14
8-9	108	104	.53	.51
9-10	383	383	.11	.17
10-11	394	386	.13	.17
11-12	335	333	.17	.19
12-13	244	240	.13	.15
13-14	93	93	.11	.16
14 & over	14	13	.36	.37

Further, this year all refraction cards of children in Myopic Schools have been examined and a similar figure extracted for those without astigmatism or whose astigmatism remained constant. Where, for any reason, a child has not been refracted yearly, the rate of increase in the degree of myopia has been assumed to be constant and an average taken.

Myopic Schools (35 Children)

Age	Number of Eyes		Average Rate of Increase	
	R	L	R	L
6-7	14	14	.71	.77
7-8	22	23	.63	.62
8-9	26	26	.56	.56
9-10	19	19	.67	.61
10-11	16	17	.43	.45
11-12	7	8	.40	.39
12-13	4	3	.62	.33

It will be noted that this figure varies. This is due in part to the fact that in some of the age groups there are so very few children, e.g. 11-12. It is noteworthy that where numbers are greater, though still very small, the rate of increase in the myopia approximates fairly closely to the rate found in the case of myopic children attending ordinary Elementary Schools, in 75 of whom, chosen at random, the rates of increase averaged--R, 0.69; L, 0.65 per annum.

An attempt to find any difference in the rate of increase in myopia in those wearing their glasses, and those failing to do so, has not succeeded, on account of the very small number of children who

will admit to not wearing them. Such evidence as has been obtained tends to show that there is no greater increase in the disability of the delinquents than of the conscientious.

It should be realised that a child spends a large part of its time in bed, when the eyes are at rest, i.e. the normal condition of a non-astigmatic myopic eye, when uncorrected by glasses. The most conscientious wearing of glasses can thus only cover a little more than 50 per cent. of the time.

A suggested cause of myopia of moderate degree after the age of 10-12 years or later, is as follows--The refraction of the eye of a normal infant is hypermetropic (longsighted). The eyeball grows with the rest of the child and, as a result, the vision becomes less and less longsighted. If the child starts life with insufficient hypermetropic reserve, it must, by the normal process of growth, inevitably develop eyes which are shortsighted.

During the year the visual acuity of children who were seven years old, as suggested by the Committee of Enquiry into Problems connected with Defective Vision in Children, was tested by the Nursing Staff.

Each eye was tested separately by means of the Snellens Test Card, firstly, without glasses, and secondly, with a +1D. Sph. before the eye, in the hope of discovering those children whose eyes, by reason of an insufficient reserve of longsightedness, were likely to become shortsighted in the future.

The total number of children examined was 3,377. Of these 2,711 saw equally well with and without the +1D. Sph.; of the remaining 666, 531 have been refracted already at the Education Committee's Clinics, and 116 found to need glasses.

At the preliminary test by the Nurses, visual acuity of 6/12 or better without glasses was taken as the standard of satisfactory vision. It seems probable that, from the point of view of the investigation, this standard was too low, thus accounting for the comparatively frequent discovery of such conditions as myopia, myopic astigmatism, and mixed astigmatism, though these were of low degree.

As a result a standard of 6/6 to 6/9 partial without glasses was taken and with the accommodation paralysed by homatropine and the refractionist working at a distance of 1 metre, the following arbitrary divisions were used for classification purposes--

Where the light reflex from the eye turned

- (1) At under +1D.Sph. the eye was considered to be myopic (shortsighted).
- (2) At +1D.Sph. the eye was considered to be Emmetropic.
- (3) Between +1.25D.Sph. and +1.75D.Sph. inclusive, the eye was considered to be Hypermetropic (longsighted) of low degree.
- (4) At +2D.Sph. or above, the eye was considered to be Hypermetropic.

Astigmatism of less than 1D.Cyl. was neglected. A difference of 1D. or more between the two eyes was considered to be Anisometropic.

The following table shows the results of this second examination—

	R	L
Emmetropia	20	16
Hypermetropia	161	161
Hypermetropia of low degree	85	86
Hypermetropic Astigmatism	3	4
Hypermetropic Astigmatism of low degree... ...	1	—
Myopia	5	7
Myopic Astigmatism	—	1
Mixed Astigmatism	1	1
<hr/>		
TOTAL	276	276
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There were seven cases of Anisometropia.

The high figure of +0.75D.Sph. taken as the lowest degree of myopia accounts for the inclusion of the myopic eyes with and without astigmatism. The remarkable acuity of vision in children suffering from mixed astigmatism, i.e. one axis of the eye long-sighted, and the other shortsighted, is well known.

The remaining 255 children were those with a visual acuity of 6/12 or worse for one or both eyes without glasses. These have been refracted and glasses prescribed where necessary. A further 480 children were discovered who, without glasses, saw 6/12 partial or worse. These children have been refracted and glasses supplied, but in the ordinary course would not have been discovered till reaching eight years of age.

The children whose eyes have a low degree of hypermetropia or of hypermetropic astigmatism are being kept under observation, while those which are emmetropic or myopic will be refracted each year to ensure that the defect (if any) is kept fully corrected.

During the year the Nursing Staff has tested, where possible, the visual acuity of children five years old, either by reading the letters on the Snellen Test Card or by "matching" those letters. 966 children have been tested up to the 31st December 1932, and 134 have been referred for refraction. A few children of 4-4½ years of age have been tested by similar means. A record of the results found at refraction of these eyes will be kept exactly as previously shown for the 7-year-olds.

With regard to the further suggestions for research made by the Departmental Committee, any expression of opinion must, of necessity, at present be personal.

The chief hindrance to the establishment of a "Basic Scale" seems to be the use of homatropine as a mydriatic. It is the experience of most refractionists that the accommodation of young children with a moderately high degree of hypermetropia is frequently not paralysed by homatropine, even though an hour is allowed to elapse between applying this mydriatic and carrying out the refraction. At the same time homatropine is, probably, the only drug which is practicable for use by the School Medical Service.

When one considers the enormous power of accommodation possessed by the normal child, it does not seem likely that hypermetropia of 3 or 4D. or even more, without astigmatism, can cause any real strain on the eyes.

There seems to be no doubt that the eyes are in a "dynamic condition" as shown by the great decrease in visual acuity after the use of a cycloplegic in all children other than those whose eyes are emmetropic or myopic.

The custom in Leeds for children under six years old with hypermetropia of +3D. is to leave this defect uncorrected if they can see 6/6 on the Snellen Card. Up to the present there is no evidence that this practice is detrimental.

There is as yet no means of finding with certainty those children whose vision needs correction by glasses, except by refraction, which is impossible without a large increase in staff. The customary preliminary test by the Snellen Card is the next best thing, though this leaves much to be desired.

A further expression of personal opinion, though definitely opposed to the accepted teaching, is that the wearing of glasses makes no difference whatever to the ultimate refractive error, except possibly in squinting eyes. Where there is defective vision, glasses

should of course be worn to improve the visual acuity, and thus permit the child to get the maximum benefit from its education or to cure eye strain."

Scholarship Candidates—All successful candidates for scholarships are examined by the Medical Staff. Where necessary, advice is given, and in cases of defective vision and dental decay, treatment is insisted upon. No drastic action has been taken hitherto in refusing scholarships to children who are myopic, although such action is taken in some areas. If certain conditions are fulfilled, no definite degree of myopia has been fixed as a bar to the granting of scholarships. This matter is also of importance in connection with the examination of prospective entrants to Training Colleges. It has been advised that students with a certain amount of short-sightedness should be refused admission, but as this question is under consideration by a Departmental Committee, there is no reason to depart from our practice until a full report is issued. Consequent upon the retirement of Dr. Bolton the examination of all prospective entrants to the City of Leeds Training College has been undertaken by the School Medical Officer, who will also be responsible for the issue of the necessary medical certificates on the completion of training. Generally speaking, the standard of health in both scholarship holders of all grades and of entrants to the Training College is good.

Miscellaneous

Theatrical Children—All Leeds children who are licensed for theatrical entertainments are examined. I have seen children in travelling companies who have visited Leeds and examined most of them. It is certain that great care is taken of them, they are well fed and housed, and no fault can be found with their physical condition. They are often small for their age, but it is an advantage to them to appear as young as possible.

Children's Day—The Healthy Children's Competitions in connection with Children's Day were again organised. 807 children were examined by the School Medical Service, 84 by the Medical Officers of the Maternity and Child Welfare Department, and 173 from outside areas by a Medical Officer provided by the *Yorkshire Evening Post*, who again offered 200 silver spoons for the winners. Prizes were also offered for children with best cared-for teeth in each school department. The selection of the prizewinners involved the examination of 4,449 children.

Health Visitors—In connection with the training of Health Visitors, arrangements were made for students to attend the School Clinics for purposes of observation and practice, for a period of five weeks.

Arrangements were also made for students taking the Diploma in Public Health at the Leeds University to see the various phases of the School Medical work.

As in past years students at the Leeds University and the City of Leeds Training College have attended lectures by the Medical Officer, and have visited the clinics with a view to familiarising them with the work of the School Medical Service, which now forms part of the routine of all Public Elementary Schools.

Payments

The sum of £1,825 12s. 2d. was received from parents towards the cost of Medical and Dental treatment during the year 1932, as compared with £1,842 11s. 6d. in 1931.

The details are as follows—

Minor Ailments, X-ray, Artificial Sunlight, and Dental Treatment

Clinic	Minor Ailments, X-ray and Sunlight			Dental Treatment		
	No. of Attendances	Amount Paid £ s. d.	Per cent. of Payments to Attendances	No. of Attendances	Amount Paid £ s. d.	Per cent. of Payments to Attendances
Central ...	4,195 (6,856)	156 0 8 (168 1 6)	32·3 (22·2)	4,413 (4,703)	87 17 3 (108 8 5)	50·6 (58·4)
Armitage ...	17,589 (20,399)	6 1 10 (7 3 0)	2·8 (2·6)	3,883 (3,799)	90 15 4 (88 19 3)	63·0 (61·4)
Burley ...	13,981 (20,366)	5 5 11 (7 0 8)	3·9 (2·7)	2,466 (2,425)	46 0 3 (43 5 4)	46·6 (45·3)
East Leeds	10,804 (13,383)	10 13 3 (7 2 5)	4·3 (3·3)	2,772 (2,849)	88 11 7 (91 5 4)	74·3 (75·5)
Edgar St.	31,433 (41,519)	3 10 0 (4 15 5)	2·7 (2·1)	3,738 (3,434)	35 0 6 (36 1 4)	32·1 (35·7)
Holbeck ...	31,858 (38,139)	6 18 9 (12 14 10)	2·6 (2·0)	2,710 (2,791)	27 3 8 (33 8 2)	31·4 (34·9)
Hunslet ...	20,003 (23,296)	4 1 9 (7 2 4)	3·6 (2·2)	4,085 (3,837)	63 4 8 (51 19 8)	43·6 (41·9)
Meanwood Road	22,574 (27,307)	2 6 4 (5 19 5)	·6 (1·2)	—	—	—
Total ...	152,437 (191,265)	*194 18 6 †(219 19 7)	3·5 (2·1)	24,067 (23,838)	438 13 3 (453 7 6)	48·8 (50·8)

* Includes £143 17s. 8d. received for payment for Cod Liver Oil and Malt.

† Includes £147 2s. 3d. received for payment for Cod Liver Oil and Malt.

Corresponding figures for 1931 are shown in brackets.

Operative Treatment

Tonsils and Adenoids

£	s.	d.
227	7	10
(210	13	6)

Orthopaedic Treatment

£	s.	d.
58	19	4
(63	17	8)

Refraction Treatment and Provision of Spectacles

Refraction Treatment and Supply of Spectacles				
Centre	No. of Spectacles Ordered	Amount Paid £ s. d.	Per cent. of Payments	
Central	... 1,188	220 17 3	96·1	
	(1,157)	(235 7 3)	(97·7)	
Armitley	... 481	102 11 4	91·0	
	(470)	(91 11 8)	(93·8)	
Burley	... 518	122 16 2	96·1	
	(427)	(77 15 5)	(95·8)	
East Leeds	... 277	47 9 0	97·8	
	(313)	(80 10 9)	(100·0)	
Edgar Street	... 767	151 0 10	97·5	
	(956)	(172 6 3)	(98·6)	
Holbeck	... 676	117 3 1	97·0	
	(707)	(124 14 5)	(96·2)	
Hunslet	... 650	134 3 7	96·1	
	(588)	(112 7 6)	(98·5)	
Meanwood Rd.	—	—	—	
Total	... *4,557	905 13 3	96·2	
	* [†] (4,618)	(894 13 3)	(97·3)	

*Includes repairs to 909 pairs of spectacles.

[†]Includes repairs to 1,169 pairs of spectacles.

Complete payments for Spectacles ...	...	...	1,830	(1,907)
Spectacles supplied on the instalment basis ...	...	...	1,472	(1,335)
Spectacles supplied free of charge ...	...	...	175	(123)
Cases on hand at the end of the year ...	...	...	81	(84)

Corresponding figures for 1931 are shown in brackets.

Summary of Payments, 1932

		£ s. d.
Refraction Treatment and Supply of Spectacles	...	905 13 3
Dental Treatment ...	...	438 13 3
Minor Ailments and X-ray Treatment ...	...	26 18 5
Supply of Cod Liver Oil and Malt ...	...	143 17 8
Treatment of Tonsils and Adenoids ...	...	227 7 10
Orthopaedic Treatment—Operations, Appliances, etc.	...	58 10 4
Massage ...	...	20 17 5
Artificial Sunlight ...	...	3 5 0
Total cash received 1932	...	<u>£1,825 12 2</u>
Total cash received 1931	...	<u>£1,842 11 6</u>

Conclusion

Parents are still slow to remedy certain defects on the ground that the child is not ailing at the time, nor can they always be converted to immediate action in its future interests.

If the oncoming generation is to be classed A1, it is essential that these early defects should be ascertained and remedied, so that when a boy or girl reaches working age the best and most suitable employment may be obtained.

The function of the Education Authority is not completely fulfilled until every child is properly placed in life.

I repeat that the work begun by the Babies' Welcomes and continued by School Medical Service should be made the foundation of National Health Insurance.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant

G. E. ST. CLAIR STOCKWELL

School Medical Officer

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER 1932

TABLE I

Return of Medical Inspections

A—Routine Medical Inspections

B—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	...	...	...	...	21,724
NUMBER OF RE-INSPECTIONS	...	...	...	...	28,036
TOTAL	...	...	...	...	49,760

TABLE II
A Return of Defects Found by Medical Inspection
in the Year ended 31st December 1932

Defect or Disease	Routine Inspections			Special Inspections		
	Number of Defects			Number of Defects		
	Requiring Treatment	Requiring to be kept under Observation but not Requiring Treatment	Requiring Treatment	Requiring to be kept under Observation but not Requiring Treatment		
MALNUTRITION 119		628		1,011		
UNCLEANLINESS <i>(See Table IV, Group V)</i>						
SKIN—						
Ringworm—Scalp —		—		287		
Body 10		—		278		
Scabies 15		—		318		
Impetigo 53		24		1,817		
Other Diseases (non-Tuberculous) 145		369		8,111		
EYE—						
Blepharitis 91		73		592		
Conjunctivitis 12		13		406		
Keratitis —		7		6		
Corneal Opacities 2		2		21		
Defective Vision (excluding Squint) 2,168		1,302		5,531		
Squint 215		142		33		1
Other Conditions 23		39		673		
EAR—						
Defective Hearing 325		137		141		1
Otitis Media 32		10		675		
Other Ear Diseases 239		122		823		
NOSE AND THROAT—						
Enlarged Tonsils only 671		1,511		252		1
Adenoids only 44		3		60		
Enlarged Tonsils and Adenoids 300		75		654		
Other Conditions 902		1,710		1,024		
ENLARGED CERVICAL GLANDS (Non-Tuber.)	159	453		204		1
DEFECTIVE SPEECH	... ... ... 13	124		80		
HEART AND CIRCULATION—						
Heart Disease—Organic 28		122		88		1
Functional 8		401		14		1
Anæmia 42		140		81		
LUNGS—						
Bronchitis 129		520		66		1
Other Non-Tuberculous Diseases 17		102		2		1
TUBERCULOSIS—						
Pulmonary—Definite 4		6		37		
Suspected 3		4		26		
Non-Pulmonary—Glands 1		18		4		
Spine 1		—		—		
Hip 1		—		1		
Other Bones and Joints —		1		0		
Skin 1		2		4		
Other Forms 1		3		20		
NERVOUS SYSTEM—						
Epilepsy 12		10		—		
Chorea 11		35		—		
Other Conditions 220		10		—		
DEFORMITIES—						
Rickets 110		64		562		
Spinal Curvature 43		62		100		
Other Forms 211		607		93		
OTHER DEFECTS AND DISEASES	... ... ... 532	2,252		5,159		0

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment
(excluding Uncleanliness and Dental Diseases)

GROUP	Number of Children Inspected	Found to Require Treatment	Percentage of Children found to require Treatment
CODE GROUPS—			
Entrants 7,366		1,576	21·4
Intermediates 5,932		1,585	20·7
Leavers 6,694		1,600	23·0
Total (Code Groups) ... 19,992		4,761	23·8
Other Routine Inspections	2,132	533	25·0

TABLE III

Return of all Exceptional Children in the Area, 1932

			Boy	Girl	of 1
Children suffering from the following types of Multiple Defect, i.e. any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease			4	8	1
The actual combination of defects and the type of School, if any, attended should be indicated on a separate sheet.					
BLIND (including partially blind)					
	(i) Suitable for training in a School for the totally blind.				
	At Certified Schools for the Blind		18	14	
	At Public Elementary Schools				
	At other Institutions				
	At no School or Institution				
	(ii) Suitable for training in a School for the partially blind.				
	At Certified Schools for the Blind or Partially Blind		59	42	92
	At Public Elementary Schools		19	24	43 (a)
	At other Institutions				
	At no School or Institution				
DEAF (including deaf and dumb and partially deaf)					
	(i) Suitable for training in a School for the totally deaf or deaf and dumb.				
	At Certified Schools for the Deaf or Partially Deaf		26	22	48
	At Public Elementary Schools				
	At other Institutions				
	At no School or Institution				
	(ii) Suitable for training in a School for the partially deaf.				
	At Certified Schools for the Deaf or Partially Deaf				
	At Public Elementary Schools				
	At other Institutions				
	At no School or Institution				
MENTALLY DEFECTIVE					
	Feeble-minded		244	162	406
	At Public Elementary Schools		49	14	93 (b)
	At other Institutions		3	9	12 (c)
	At no School or Institution		25	19	44 (d)
EPILEPSY					
	Suffering from severe epilepsy		3		3
	At Certified Schools for Epileptics				
	At Certified Residential Open Air Schools				
	At Certified Day Open Air Schools				
	At Public Elementary Schools				
	At other Institutions				
	At no School or Institution		2	5	7
	Suffering from epilepsy which is not severe.				
	At Public Elementary Schools		17	19	36
	At no School or Institution				
PHYSICALLY DEFECTIVE					
	Active pulmonary tuberculosis (including pleura and intrathoracic glands).		27	35	62
	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board				
	At Certified Residential Open Air Schools				
	At Certified Day Open Air Schools				
	At Public Elementary Schools		56	33	89 (e)
	At other Institutions				
	At no School or Institution		11	8	19
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).				
	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board		9	2	11
	At Certified Residential Open Air Schools				
	At Certified Day Open Air Schools		11	3	14
	At Public Elementary Schools		120	112	232
	At other Institutions		1	1	2
	At no School or Institution		1	0	1
	Tuberculosis of the peripheral glands.				
	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board		5	1	6
	At Certified Residential Open Air Schools				
	At Certified Day Open Air Schools		2	2	4
	At Public Elementary Schools		68	55	123
	At other Institutions				
	At no School or Institution		3	5	8
	Abdominal tuberculosis.				
	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board		2	1	3
	At Certified Residential Open Air Schools				
	At Certified Day Open Air Schools				
	At Public Elementary Schools		12	9	21
	At other Institutions				
	At no School or Institution		3	3	6

TABLE III—continued
Return of all Exceptional Children in the Area, 1931

		Boys	Girls	Total
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).			
	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	5	5	10
	At Public Elementary Schools	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	6	5	11
	Tuberculosis of other organs (skin, etc.).			
	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
	At Public Elementary Schools	3	1	4
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
PHYSICALLY DEFECTIVE <i>(continued)</i>	Delicate Children, i.e. all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.			
	At Certified Residential Cripple Schools	—	—	—
	At Certified Day Cripple Schools	—	1	1
	At Certified Residential Open Air Schools	—	—	—
	At Certified Day Open Air Schools ...	46	51	97
	At Public Elementary Schools	311	267	578
	At other Institutions	—	3	3
	At no School or Institution	9	4	13
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.			
	At Certified Hospital Schools	2	1	3
	At Certified Residential Cripple Schools	—	—	—
	At Certified Day Cripple Schools ...	52	45	97
	At Certified Residential Open Air Schools	—	—	—
	At Certified Day Open Air Schools ...	—	—	—
	At Public Elementary Schools	179	135	314 (nil) f
	At other Institutions	—	—	—
	At no School or Institution	4	2	6 (nil) f
	Children with heart disease, i.e. children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.			
	At Certified Hospital Schools	—	—	—
	At Certified Residential Cripple Schools	—	—	—
	At Certified Day Cripple Schools ...	3	2	5
	At Certified Residential Open Air Schools	—	—	—
	At Certified Day Open Air Schools ...	2	7	9
	At Public Elementary Schools	156	227	383
	At other Institutions	—	—	—
	At no School or Institution	5	10	15

Multiple Defects

DEFECTS	AT M.D. SCHOOL		AT DEAF SCHOOL		AT BLIND SCHOOL		AT PRIVATE SCHOOL		AT NO SCHOOL OR INSTITUTION		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
M.D. and Deaf ...	—	1	—	1	—	—	—	—	—	—	2
M.D. and Cripple ...	2	2	—	—	—	—	—	—	—	—	4
M.D. and Epileptic ...	—	1	—	—	—	—	—	—	—	—	1
M.D. and Heart Disease ...	—	—	—	—	—	—	—	2	—	—	2
Blind and Heart Disease ...	—	—	—	—	—	1	—	—	—	—	1
Cripple and Epileptic ...	—	—	—	—	—	—	—	—	1	—	1
Cripple and Blind ...	—	—	—	—	—	1	—	—	—	—	1
TOTAL	... ...	6	1	2	2	—	—	—	1	—	12

20 cripes attending the School for Physically Defective Children, and 5 or 6 children attending the Blind and Deaf School, are under observation as to their mental condition, but are not yet actually certified.

NOTES ON TABLE III

- (a) BLIND—43 children entered as attending Public Elementary Schools are children who have been recommended for attendance at Myopic Classes, but whose parents object.
- (b) MENTALLY DEFECTIVE—19 of these children were admitted to Special Schools on the 10th January 1933; 20 were certified mentally defective but, owing to their age, they were allowed to remain in ordinary schools under supervision. These children are inspected from time to time, and will be reviewed by the Medical Officer on reaching 16 years of age; 54 are awaiting admission to Special Schools.
- (c) These children have been placed in Private Schools by their parents, and are examined annually by the School Medical Officers.
- (d) 38 children were allowed to leave the Special Schools to take up approved employment and they will be under supervision until reaching 16 years of age.
- (e) PHYSICALLY DEFECTIVE—All cases of suspected tuberculosis are referred to the Tuberculosis Officer of the City. 89 children have all been diagnosed as Pulmonary Tuberculosis, but on the recommendation of the Tuberculosis Officer were allowed to remain in attendance at school.
- (f) There are no children in these groups who should be receiving Special School Education.

TABLE IV

**Return of Defects Treated during the Year ended
31st December 1932**

Treatment Table

Group I—Minor Ailments (excluding Uncleanliness, for which see Group V)

DISEASE OR DEFECT	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT, DURING THE YEAR		
	Under the Authority's Scheme	Otherwise	Total
SKIN—			
Ringworm—Scalp ...	218	71	289
Body ...	272	17	289
Scabies... ...	244	84	328
Impetigo ...	1,811	107	1,918
Other Skin Diseases ...	7,978	415	8,393
MINOR EYE DEFECTS			
(External and other, but excluding cases falling in GROUP II) ...	1,030	350	1,980
MINOR EAR DEFECTS ...	1,542	668	2,210
MISCELLANEOUS			
(e.g. minor injuries, bruises, sores, chilblains, etc.) ...	3,015	4,059	7,074
TOTAL ...	16,710	5,771	22,481

Group II—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I)

DEFECT OR DISEASE	NUMBER OF DEFECTS DEALT WITH			
	Under the Authority's Scheme	Submitted to Refraction by Private Practitioner or at Hospital apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	5,271	36	37	5,344
Other Defect or Disease of the Eyes (excluding those recorded in Group I)		—	—	—
TOTAL ...	5,271	36	37	5,344

Total number of Children for whom spectacles were prescribed

- (a) Under the Authority's Scheme 3,856
- (b) Otherwise 72

Total number of children who obtained or received spectacles

- (a) Under the Authority's Scheme 4,557*
- (b) Otherwise 72

* Includes alterations to lenses and spectacles replaced without further refraction (99).

TABLE IV—continued**Group III—Treatment of Defects of Nose and Throat**

NUMBER OF DEFECTS				
Received Operative Treatment			Received other Forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
219	1,269	1,488	* 3,103	4,591

* This total includes 1,363 cases treated at the School Clinics.

Group IV—Dental Defects

(1) Number of Children who were—

(a) Inspected by the Dentist—

Routine Age Groups	Aged:	No.			GRAND TOTAL
			
	5	812			
	6	4,288			
	7	4,294			
	8	4,534			
	9	4,770			Total 38,380
	10	5,214			
	11	5,348			
	12	5,065			
	13	3,205			
	14	859			
Specials ...	...	...	...	...	7,395
					<u>45,784</u>
(b) Found to Require Treatment	...	...	...	...	26,271
(c) Actually Treated	...	...	...	...	19,947
(2) Half-days devoted to Inspection	...	...	...	267	
" " Treatment	...	...	...	1,043	
					<u>1,3010</u>
(3) Attendances made by Children for Treatment	...	...	...		25,201
(4) Fillings—Permanent Teeth	...	...	...	10,079	
Temporary Teeth	...	...	...	1	
					<u>10,080</u>
(5) Extractions—Permanent Teeth	...	...	...	5,695	
Temporary Teeth	...	...	...	27,293	
					<u>32,988</u>
(6) Administrations of General Anaesthetics for Extractions	...	...	...		15,038
(7) Other Operations Permanent Teeth	...	...	...	949	
Temporary Teeth ...	...	...	...	2	
					<u>951</u>

TABLE IV—continued**Group V—Uncleanliness and Verminous Conditions**

(1) Average Number of Visits per School made during the year by the School Nurses	39
(2) Total number of Examinations of Children in the Schools by School Nurses	147,473
(3) Number of Defects found	15,917
(4) Number of Children cleansed under arrangements made by the Local Education Authority	1,385
(5) Number of Cases in which legal proceedings were taken (a) Under the Education Act, 1921	40
(b) Under School Attendance By-laws	67

Group VI—Other Forms of Treatment

DISEASE OR DEFECT	NUMBER OF DEFECTS TREATED OR UNDER TREATMENT DURING THE YEAR		
	Under the Authority's Scheme	Otherwise	Total
Rickets	345	149	194
Deformities	452	635	1,087
Heart and Circulation*	18	510	528
Lungs	—	607	607
Malnutrition	791	747	1,538
Other Defects	97	435	532
TOTAL	1,703	3,383	5,086

* These cases are kept under observation and inspected from time to time.

TABLE V

HIGHER EDUCATION

A—Return of Defects Found by Medical Inspection in the Year ended 31st December 1932

DEFECT OR DISEASE		No. of Defects Requiring Treatment	No. of Defects to be kept under Observation but not Requiring Treatment
MALNUTRITION	...	2	10
SKIN—			
Ringworm—Scalp	...	—	—
Body	...	—	—
Scabies	...	1	—
Impetigo	...	—	—
Other Diseases (non-Tuberculous)	...	4	18
EYE—			
Blepharitis	...	2	6
Conjunctivitis	...	1	—
Keratitis	...	—	—
Corneal Opacities	...	—	—
Defective Vision (excluding Squint)	...	245	112
Squint	...	—	—
Other Conditions	...	—	1
EAR—			
Defective Hearing	...	17	9
Otitis Media	...	2	—
Other Ear Diseases	...	13	1
NOSE AND THROAT—			
Enlarged Tonsils only	...	28	55
Adenoids only	...	1	—
Enlarged Tonsils and Adenoids	...	8	1
Other Conditions	...	34	60
ENLARGED CERVICAL GLANDS (non-Tuberculous)	...	3	7
DEFECTIVE SPEECH	...	—	8
TEETH—Dental Diseases (See Table VI)	...	—	—
HEART AND CIRCULATION—			
Heart Disease—Organic	...	1	19
Functional	...	1	23
Anaemia	...	—	8
LUNGS—			
Bronchitis	...	1	9
Other Non-Tuberculous Diseases	...	—	10
TUBERCULOSIS—			
Pulmonary—Definite	...	—	—
Suspected	...	—	—
Non-Pulmonary—Glands	...	—	—
Spine	...	—	—
Hip	...	—	—
Other Bones and Joints	...	—	1
Skin	...	—	—
Other Forms	...	—	—
NERVOUS SYSTEM—			
Epilepsy	...	—	1
Chorea	...	—	—
Other Conditions	...	9	26
DEFORMITIES—			
Rickets	...	—	1
Spinal Curvature	...	6	14
Other Forms	...	32	86
OTHER DEFECTS AND DISEASES	...	9	120

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment
(excluding Uncleanliness and Dental Diseases)

NUMBER OF CHILDREN Inspected	Found to Require Treatment	Percentage of Children found to Require Treatment
1,891	359	19·0

TABLE VI

HIGHER EDUCATION

Dental Defects

(1) Number of Children who were—

(a) Inspected by the Dentist—

	Aged :	No.	
Routine Age Groups	5	50	
	6	50	
	7	56	
	8	83	
	9	94	
	10	149	Total 3,110
	11	350	
	12	524	
	13	447	
	14 & Over	1,307	
Specials ...	...	...	—
GRAND TOTAL ...			3,110

(b) Found to require treatment 2,297

(c) Actually treated 302

(2) Half-days devoted to Inspection 21
 " " Treatment 114
 — 135

(3) Attendances made by Children for treatment 882
 (4) Fillings—Permanent Teeth 1,021
 Temporary Teeth 1
 — 1,022

(5) Extractions—Permanent Teeth 141
 Temporary Teeth 119
 — 260

(6) Administrations of general anaesthetics for extractions 151
 (7) Other Operations—Permanent Teeth 188
 Temporary Teeth —
 — 188

TABLE VII
Return of Attendances at Medical Clinics, 1932

The figures in brackets represent those for 1931.

TABLE VIII—Summary of the Work at the School Dental Clinics, 1932

	ARMED CLINIC	BURLIN CLINIC	EAST LEEDS CLINIC	EDGAR STRIKE CLINIC	HOLBROOK CLINIC	TOTAL DENTAL CLINICS	SCHOOL SESSIONS	TOTAL SESSIONS	TOTAL WORK
No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases
No. of Children Examined	4,278	32	4,848	18	2,090	50	7,387	18	21,499
No. of Children Requiring Treatment	4,528	—	3,961	—	1,788	—	3,690	—	21,511
No. of Children Accepting Treatment	3,675	—	3,525	—	1,970	—	3,122	—	21,502*
No. of Children Actually Treated	3,340	—	3,282	—	1,790	—	2,638	—	20,567
No. of Attendances for Extractions	60	2,681	70	2,681	42	1,707	17	1,888	87
No. of Teeth Extracted	—	—	4575	—	2,525	—	3,689	—	10,974
Temporary Permanent	—	—	1,061	—	451	—	638	—	5,141
No. of Attendances for Filings	317	2,007	102	1,174	139	792	120	893	100
No. of Teeth Filed—	—	—	—	—	—	—	—	—	—
Temporary Permanent	—	—	2,740	—	1,480	—	800	—	1,474
No. of Anesthetics given General Local	—	—	2,197	—	2,042	—	1,011	—	1,010
Other Operations—	—	—	—	—	—	—	—	—	—
Temporary Permanent	—	—	453	—	77	—	129	—	137
Regulations—	—	—	—	—	—	—	—	—	—
No. of Children	—	—	—	—	—	—	—	—	—
No. of Attendances made	—	—	6,875	—	4,905	—	3,385	—	11,108
No. of Appointments kept	—	—	4,688	—	3,855	—	2,499	—	11,118
In addition, 24 Sessions were spent in the examination of children in competition with the Competition for the care of the teeth (4,449 examinations). In addition, 24 Sessions were spent in the examination of children in competition with the Competition for the care of the teeth (4,449 examinations). Leeds Dental Hospital. The figures in brackets represent the corresponding totals for 1931.	* Includes "Casuals."								† Work carried out at the

TABLE IX

**Number of Notices Issued to Parents of Children Reported
to have Defects during 1932**

SCHOOL MEDICAL OFFICERS' CASES—

First Notices...	...	...	...	7,539
Second Notices	...	...	...	1,265
DEFECTIVE VISION CASES	...	...	...	8,804 9,386

SCHOOL NURSES' CASES—

Uncleanliness of Head—

First Notices	...	...	9,478
Second Notices	...	...	4,388
Special Notices	...	...	1,559
Final Notices	...	...	1,907
			17,332

Uncleanliness of Body—

First Notices	...	...	1,019
Second Notices	...	...	184
Final Notices	...	...	24
			1,227

SCHOOL DENTAL OFFICERS' CASES	...	...	18,559
SECONDARY SCHOOL CASES	...	...	28,508
TOTAL	...	...	555

TABLE X

Number of Exclusions 1932

DEFECT	REFERRED FOR EXCLU-		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head	...	1	2,375
Uncleanliness of Body	...	—	488
Ringworm	...	73	42
External Eye Disease	...	46	32
Defective Vision*	...	70	22
Skin Diseases	...	202	379
Other Diseases	...	23	15
TOTAL 1932	...	415	3,353
TOTAL 1931	...	310	2,079

*In addition to these cases children are excluded who do not wear the spectacles that have been supplied, or who fail to take steps to repair or replace spectacles that have been broken or lost.

TABLE XI**Average Height**

Elementary Schools

Age last Birthday	Number Measured		Inches	
	Boys	Girls	Boys	Girls
4	1,117 (1,112)	1,100 (1,104)	39·4 (39·6)	39·2 (39·1)
5	1,500 (1,440)	1,553 (1,539)	41·6 (41·8)	41·4 (41·4)
8	2,000 (2,040)	2,072 (2,059)	48·1 (47·9)	47·8 (48·0)
12	3,128 (3,030)	3,170 (3,035)	55·4 (55·1)	55·7 (55·7)

The figures in brackets represent the corresponding averages for 1931.

TABLE XII**Average Weight**

Elementary Schools

Age last Birthday	Number Weighed		Lbs.	
	Boys	Girls	Boys	Girls
4	1,117 (1,112)	1,100 (1,104)	36·0 (37·2)	35·7 (36·0)
5	1,500 (1,440)	1,553 (1,539)	40·2 (40·5)	39·0 (39·1)
8	2,000 (2,040)	2,072 (2,059)	53·5 (54·1)	52·2 (52·1)
12	3,128 (3,030)	3,170 (3,035)	74·8 (74·4)	76·1 (76·6)

The figures in brackets represent the corresponding averages for 1931.

Appendix B**REPORT ON PHYSICAL EDUCATION 1932**

Staff—There has been no change in the Staff during the past year.

As in previous reports the activities of this Department are reviewed under appropriate headings as follows—

A—Introductory and General Review.

**B—Physical Training in the Schools. Posture of Children.
Evening Classes.**

C—Organised Games.

D—Leeds Elementary Schools' Athletic Association.

E—Swimming Instruction.

F—School Camp.

G—Other Activities.

A—INTRODUCTORY AND GENERAL

Previous reports have detailed each phase of the Physical Training Scheme in turn, but in view of the imminence of further important developments, the necessity for which is urgent, and owing to the wave of economy and the curtailment of expenditure, it is necessary that a general review of the position in Leeds, and a careful consideration of the prospects of future development, be taken. Reduction in expenditure does not mean loss of ground but indicates the need for consolidation and the maintenance of progress already made.

In 1909, and again in 1919, the Board of Education issued Syllabuses of Physical Training for use in Elementary Schools. The aim of this system was to secure regular lessons of the more formal type of exercises. The tables of exercises demanded a formality that, in the early stages was necessary, if not desirable, because very little had been done to train teachers, who were consequently not prepared to experiment. But whenever opportunities have been given to Leeds Teachers in the form of teachers' classes of instruction, the teachers have responded willingly, thus showing an eagerness to modernise their views, and to raise the standard of work in this important branch of Education.

The prospect of reorganisation and the proposal to raise the school leaving age to 15 years necessitated a further advancement and the introduction of a more comprehensive scheme of Physical Education, a scheme that affects the child from 11 years of age upwards. During this period from 11 to 15 years of age the difference

in the sexes is marked, consequently different treatment is indicated. The revision of the Board of Education Syllabus in 1919 made no such distinction between the work taken for boys and girls, and although as already pointed out was admirably suited to the period for which it was issued, was of necessity a compromise. Henceforth the Physical Training of senior children will differ with the sexes, and include the use of portable apparatus.

The Position in Leeds. After careful consideration it was decided that in spite of the small number of Senior Schools in Leeds this new work could be introduced with advantage, for the teachers in many cases are ready for the change, and several Elementary Schools have suitable accommodation for the more advanced work involving the use of apparatus. Moreover the desire to retain for Leeds one of the leading positions in the country in Physical Education was a strong argument in introducing this important advancement.

The introduction of Senior School Work in a City that has not completely reorganised has necessitated extreme care and considerable adaptation. Many schools possess no accommodation for apparatus, and the work has to be specially adapted to meet these conditions. In this connection it is realised that children, no matter what type of school, have the same cravings for exercise, and incidentally the same capacity to derive benefits from Physical Training.

It was, therefore, decided to introduce the new work in all Senior Departments regardless of accommodation, so that all schools could derive some benefit, although in many cases the progress is retarded owing to conditions.

This scheme was introduced into Leeds in 1930 and took the form of a "Special Course in Physical Education for Teachers in Senior and Evening Schools." We have at present 40 men and 60 women qualified to teach Advanced Physical Training involving the use of apparatus, and here it should be stressed that only those teachers who are specially trained should be allowed to use apparatus.

It is proposed to continue this special training in 1933 with another group of teachers until ultimately every school staff in the City has at least one teacher of Physical Training specially qualified for the advanced work.

Observation of the work accomplished in the schools by the teachers who have completed their special training has proved that the method of introduction in Leeds has been justified. A high

tribute is paid to these specialists who have diligently sought instruction in their spare time, and accomplished excellent work in the schools amidst indifferent conditions.

Teachers' Classes—The necessity for Teachers' Classes has been stressed in previous reports. "The Organiser of Physical Training is not primarily a teacher but is rather a demonstrator, an inspirer, a source of enthusiasm and encouragement. The holding of classes for teachers is one of the Organiser's important duties." (Annual Report of the Chief Medical Officer of the Board of Education for the year 1931.) It has been pointed out in previous reports that attempts have been made to create a more even distribution of enthusiasm for Physical Training in the schools, but with only partial success. A reintroduction of Teachers' Classes for the non-specialist teacher is sought, as this is the only method of standardising the work in the schools.

The case of the specialised teacher appears to have been satisfactorily settled, as it is proposed to continue the summer courses instituted in 1931.

B—PHYSICAL EXERCISES IN THE PLAYGROUND

Whilst this is the most important feature of all periods allotted to Physical Education of the Elementary School child, there is little to be added to what has appeared in previous reports. More time is being devoted to the subject, and it is improvement in the quality of work in the average lesson that is now sought. Lessons should be more accurately balanced, and a better proportion of time given to the corrective and recreative sides of the work. Whilst considerable progress has been made as a result of the team system, and the stress of the General Activities, too many teachers still consider that the recreative part of the lesson means just a game and nothing else. There must be coaching throughout the lesson whether the work is corrective or recreational. The means of improvement lie not so much in variation of schemes and introduction of new activities as in the more skilful use of material already accepted.

Posture of School Children—Although there has been some improvement in the general posture of school children in recent years, much remains to be done. It is not sufficient to concentrate on the correction of bad posture only during the Physical Training lesson, but this correction should continue while the children are writing, reading, or sitting during oral lessons. It must be admitted that the general carriage of the girls shows greater improvement than

that of the boys, and yet the shuffling gait so common with boys is disappearing. This contrast in carriage between the two sexes is always evident during the Grand March of children round the arena at Roundhay Park on Children's Day. This difference may be due to an inherent desire on the part of the girl of pride in appearance, at the same time it may be traced to more suitable clothing.

The importance of good posture can hardly be over-estimated, and everything should be done to encourage good standing and sitting positions. Good posture promotes the healthy functioning of the internal organs, and is invariably accompanied by greater physical endurance and mental alertness. Good carriage is often the indication of vigorous health and physical fitness and in many cases is a reliable guide to character.

Evening classes have been curtailed during the past session. The classes in Greek Dancing that have been functioning for many years were discontinued, also several Physical Training classes for business women failed to function owing to lack of numbers.

It is a pleasure to report the success of the introduction of Scottish Country Dancing mentioned in last year's Report. This class was continued in the summer and the members were examined at the end of June by Miss Jean Milligan, one of the founders of the Scottish Country Dance Society. Out of 17 women teachers who took the examination, 12 obtained the Teacher's Certificate in Book I and are now qualified to teach these dances in the schools.

Physical Training in Evening Schools continues to show marked improvement. Only qualified teachers are now engaged in this work. The majority of Evening Schools are now supplied with portable apparatus, and the advanced type of work is well established.

C—ORGANISED GAMES

In last year's Report the question of Playing Fields was thoroughly explained. Leeds, in common with other great cities, is faced with a difficult problem in the provision of a sufficient number of playing fields to afford every boy and girl a reasonable opportunity of learning to play games. The importance of organised games is generally accepted, not only in the promotion of healthy physical development, but also in the development of character and the inculcation of principles of true sportsmanship.

During the year the Education Committee have made available a playing pitch adjoining Cowper Street Council School, and arrangements have been made for the provision of organised games accommodation at Beeston, Middleton, and Osmondthorpe

Council Schools. The conditioning of these school fields by the Committee does not solve the general problem of the provision of Playing Fields in Leeds, but it relieves it. The Playing Field adjoining the school is most economical, as games can thus be played with a minimum amount of interference with the time-table, and also at odd times, which would not be possible where the field is situated at a distance from the school.

D—LEEDS ELEMENTARY SCHOOLS' ATHLETIC ASSOCIATION

This Association continues to exert a powerful and useful influence on the physical welfare of the children of the Elementary Schools.

Extracts from the Annual Report of the Chairman (Mr. A. E. Denison) are given.

"This year has not passed off uneventfully, several features pointing to signs of real progress; in fact it can be said that we have passed through a very difficult year successfully. From being virtually in debt at the commencement we close with a very substantial balance in hand.

The T. V. Harrison Sports Ground at Oldfield Lane has been completely cleared of debt and the Association has now to meet the cost of maintenance only." "It is pleasing to know that if the sports hour allowed to the Elementary Schools be taken full advantage of and the schedule drawn up by the Physical Training Department rigidly followed, 600 children will benefit weekly from the games taken on Oldfield Lane Ground.

Our attention has been called to the need in South Leeds for enclosed Playing Areas, especially for girls. Through the generosity of the South Leeds Conservative Club a sum of money has been raised towards the provision of Playing Fields for the school children of the South District, and in consequence your Executive has searched the district and has commenced negotiations for two plots of suitable land which if secured will be a boon to the children of Hunslet.

Summertime also draws the attention of the Association to the Schools' Camp at Ilkley. The establishment of this Camp is one of the achievements of this body to which we send 250 poor children every year free of charge."

"During the year the Executive at your request carried on negotiations with the Education Committee for a grant towards the cost of carrying out the Association's work, and after correspondence

and interviews, were successful in obtaining a grant of £50 for which we are duly thankful. During this time it was most gratifying to realise the sympathy extended to us and the encouragement given to our work by members of the Education Committee."

The report concludes with a tribute to numerous workers who have assisted in the success of the Association.

Children's Day—For the third year in succession the combined effort of Flag Day and Children's Day realised over £1,000. The policy, outlined in last year's Report, of inviting schools to participate in the displays was continued. More children were massed on the arena than ever before and there will be a tendency to reduce the number of children taking part in the displays in the future. The display children have to be transported and fed, and whilst there is a certain ratio between the number of children taking part and the attendance at the Park, a limit may be reached when the cost of including more children is not met by the corresponding increase in the gate receipts. At the same time in considering the success of Children's Day one must consider, apart from cold financial calculation, the joy and happiness brought to the thousands of children who each do their little part on the arena. It is a fact that hundreds of young men and women in Leeds to-day remember with pride the part they took in the Children's Day Displays years ago. Last year Scottish Dancing was introduced with marked success, and attracted much interest even outside the city.

Affiliated Associations—Space does not permit of a detailed report of each of the branches, but the comprehensive nature of the following list of Affiliated Associations indicates the wide field of activity of the Leeds Elementary Schools' Athletic Association—

Boys—

- Leeds Schools' Football Association.
- Leeds Schools' Football League.
- Hunslet Schools' Football League.
- Leeds Schools' Cricket Association.

Girls—

- Leeds Elementary Schools' Net Ball Association.
- Leeds Elementary Schools' American Ball Association.
- Leeds Elementary Schools' Four Court Circle Ball Association.
- Leeds Elementary Schools' Rounders Association
(formed in 1932).

Mixed—

- Leeds Elementary Schools' Swimming Association.

Reports from the Secretaries of the above Associations indicate progress in every branch during the past year. The Swimming Association especially has had such a successful year that extracts from the Report of the Secretary (Miss Bennett, Woman Organiser of Physical Education) are given—

"In accordance with the ruling of the previous year, seven District Galas were held towards the end of the Summer Term, the Semi-final and Final Galas in September. The standard of swimming was very satisfactory, two individual records being broken—the Girls' 50 yards Back Stroke Championship, won by Doris Storey in $39\frac{2}{3}$ seconds as against $44\frac{2}{3}$ seconds of the previous year, and the Girls' 75 yards Breast Stroke Championship, won by D. Storey in $61\frac{2}{5}$ seconds as against the previous record of 66 seconds won by Olive Spencer in 1931. In the team races the record of 1 minute $51\frac{1}{2}$ seconds, held by South Accommodation Road Council Boys' School in 1931 for the Free Style Team Race, was broken by Primrose Hill Council Boys' School, the time being 1 minute $49\frac{2}{3}$ seconds.

I should mention here that this season five events were altered to bring our Galas into line with the events of the Inter-District Gala held by Yorkshire Schools' Amateur Swimming Association to which we are affiliated. Under these new conditions, of course, previous records do not hold, but that the alterations justified themselves will be seen in the improved results gained by Leeds in the Yorkshire S.A.S.A. Inter-District Gala.

From a financial standpoint the Galas were an outstanding success, the gate receipts in all except one case being higher than last year. Probably owing to public interest in the Royal Opening of the new Baths at Armley can we largely attribute the amazing increase in gate money from £8 5s. 6d. in 1931 to £17 5s. 9d. in 1932 for the Final Gala. The balance in the bank stands at £21 9s. 6d. on the credit side.

The Inter-District Gala was held in Leeds on Saturday, the 24th September. It is pleasing to report that for the first time in the history of these Galas Leeds were second in the final placing, and were also successful for the first time in gaining a Cup—"The Hull Trophy"—for the 75 yards Girls' Breast Stroke Team Race. This Cup will be held by three schools for four months each, York Road Council Girls', Hunslet Church of England Girls', and Bramley Broad Lane Council Mixed. Leeds also have to their credit three other firsts, all gained in girls' events, four seconds, and three thirds, 22 points in all, Sheffield being first with 31 points and Bradford third with $19\frac{1}{2}$ points. One must be of the opinion from these results that had the boys done as well as the girls, we should have been very

close rivals to Sheffield for the highest honour of all—"The Bradford Trophy."

In connection with the Inter-District Gala I should like to place on record here the appreciation of the Yorkshire Schools' A.S.A. Committee of the work done by this Association both prior to and on the day of the Gala to make the competitions such a magnificent success.

Certificates of the Royal Life Saving Society have been gained as under

					Award of
		Elem.	Prof.	Bronze	Merit
Cookridge Street Baths...		2	2	2	—
Holbeck ...	...	10	9	—	3
Hunslet ...	...	4	4	4	1
Meanwood Road	...	3	3	3	1
Bramley ...	...	—	—	—	4
York Road	...	8	7	4	—

E—SWIMMING INSTRUCTION

The instruction was organised on lines similar to those of previous years at a charge by the Property Committee to the Education Committee of three half-pence a child for each visit to the Baths.

The season commenced on Monday, the 11th April, and closed on Friday, the 30th September, a period of 20 weeks.

During the year 169,244 attendances were made.

Examinations for certificates awarded by the Education Committee have been carried out periodically by members of the Physical Training Staff and the Superintendent of the Baths. The following certificates have been awarded—

		BOYS	GIRLS	TOTAL
Third Class	...	1,761	1,190	2,951
Second Class	...	1,092	739	1,831
First Class	...	737	399	1,136
Proficiency	...	61	22	83
		—	—	—
		<u>3,651</u>	<u>2,350</u>	<u>6,001</u>

The results of the year's work were exceptionally good, and a comparison with previous years indicates the progress made—

Attendances	...	...	1929—136,041
			1930—143,905
			1931—156,738
			1932—169,244
Certificates granted	...	...	1929—3,822
			1930—4,185
			1931—5,089
			1932—6,001

The Annual Swimming Galas were organised as in previous years by a Joint Committee of the Corporation Property Committee and the Leeds Elementary Schools' Swimming Association. Seven District Galas were held at various Baths at the end of the Summer Term, and the Final Gala at the new Armley Baths at the close of the Swimming Season.

The Yorkshire Schools' Amateur Swimming Association held their Annual Gala at the Armley Baths, Leeds, for the first time (see Report of the Secretary under heading D, Swimming Association).

F—THE SCHOOL CAMP

The Camp, which accommodates 60 girls and 72 boys each week, reopened on Monday, the 16th May, and closed on the 26th September. During the 19 weeks it was open, 2,322 children from Leeds schools spent a week there. This number includes 240 children who were given free places, the cost being borne by the Leeds Elementary Schools' Athletic Association.

The general cleanliness and orderliness of the Camp was a marked feature, and an excellent scheme of work was arranged, by which full use was made of facilities in the district for practical lessons in History, Geography, and Nature Study.

The scheme introduced two years ago of the picking up children and luggage at schools instead of at the Education Offices, has proved a success, and has been a great incentive to schools endeavouring to fill the Camp. With a view to economy of transport, accommodation, and service, attempts to fill the Camp each week have been continued with a further reduction in the cost per head.

G—OTHER ACTIVITIES

Play Centres—No addition has been made to the number of Play Centres, namely seven.

Park Lane C. ...	... } Organised by the Education
Primrose Hill C. ...	Committee.
Isles Lane C. }
Low Road C. }
Hunslet Lane C. ...	Organised by the Yorkshire
Woodhouse C. ...	Ladies' Council of Education.
Darley Street C. ...	Organised by the Jewish Welfare Committee.

Good work has been maintained in all Centres, and interesting experiments in handwork have been made in certain cases.

More than 2,000 children are accommodated in the Evening Play Centres three evenings a week (Monday, Wednesday, and Thursday, from 5.0 to 7.0 p.m.) where under healthy conditions and in happy circumstances they are able to spend a pleasant and profitable time. In most cases the absence of a Play Centre would mean that the children would be playing in the streets at a time when traffic is perhaps the most congested. Housing conditions being what they are, the Play Centres offer for many children the only real opportunity of playing under proper conditions.

Gray Trophies—These competitions were not held during the past year on account of the depletion of Staff at the end of 1931 owing to Mr. Anderson's resignation. Mr. M. Dixon has accepted the responsibility of organising the competitions in 1933 and the arrangements are well in hand. These trophies were presented by Mr. P. L. Gray, late H.M.I., and Mrs. Gray, for annual competition with a view to stimulating the interest in General Activity and Flexibility Tests.

Physical Education Circle—This Association now functions every other year and will resume a series of Lectures during the winter 1933–4.

Conclusion—This Report would not be complete without some reference to the excellent voluntary work which goes on year by year, outside school hours, for the physical welfare of the children. Leeds is singularly fortunate in possessing a large band of teachers who give unreservedly of their spare time in the promotion of inter-school competitive games and activities, and it may be pointed out that this splendid enthusiasm of the teachers was in no way affected by the rigid economy that swept the country a little over a year ago.

S. SHAW

February 1933

Chief Organiser of Physical Training

Appendix C

**EMPLOYMENT OF CHILDREN
EDUCATION ACT 1921, PART VIII, SECTIONS 90-108**

There was little or no change in the number of children between the ages of 12 and 14 years employed out of school hours during the past 12 months. Last year the number was 890, and for 1932, 878. The decrease of 12 is accounted for by 11 fewer boys and 1 girl.

The number of children examined by the School Medical Officer in order to ascertain their fitness for the proposed employments was 696. Of these, 669 were boys and 27 were girls. No child was rejected, but a few were required to come up for a second examination, making 717 examinations in all. Among the children examined 2 were found affected with slight heart trouble, 1 flat foot, 1 mal-nutrition, 1 skin trouble, 25 with defective vision, and 2 with uncleanly heads.

(1) General Employment

The 878 children were employed in the following occupations—

Nature of Employment		Boys	Girls	Total
Newspapers	... ... ... †7-8 a.m.	389	3	392
Milk "	... ... ... 5-7 p.m.	241	6	247
Milk "	... ... ... †7-8 a.m.	10	1	11
" "	... ... ... 5-7 p.m.	4	1	5
Grocers	... ... ... 5-7 p.m.	44	2	46
Greengrocers	... ... ... 5-7 p.m.	30	2	32
Butchers	... ... ... 5-7 p.m.	42	—	42
Bakers and Confectioners	5-7 p.m.	28	4	32
*Various	... ... ... 5-7 p.m.	59	12	71
Totals		847	31	878

*NOTE—(a) Employed as messengers for chemists, tailors, drapers, milliners, firewood dealers, florists, laundries, drysalters, fancy-goods dealers, ironmongers, and as surgery assistants.

(b) On Saturday or during school holidays the hours which employers may select are either from 9 a.m. to 1 p.m., or 2 to 6 p.m.

†(c) Children employed before school hours, may be employed in the afternoon only between 5 and 6 p.m.

During the year 268 offences were discovered, none of which, it is gratifying to report, was of a serious nature. Verbal warnings by the Inspectors were sufficient in the majority of cases, but in 21 instances warning notices were served. Twenty-seven (27) employers appeared before the Committee for illegally employing children, and 15 parents were cautioned by the Committee for conduced to the offences. Three (3) employers were summoned. One (1) was fined 40s. and two 10s. each.

(2) Street Trading

The number of youths licensed to engage in trading in the street during the year was 4, a decrease of 1 as compared with the preceding year. Two (2) of these sold newspapers, 1 firewood, and 1 coal. Suitable warnings were administered to seven boys who were found trading without a licence.

(3) Children Employed in Public Entertainments

There was a slight increase in the number of children taking part in public entertainments, under licences granted by various Education Authorities. The total number was 117, as compared with 100 reported in 1931. Of this number, 43 were local children. In 3 cases only did the employment necessitate Leeds children sleeping from home. The number of licences in force at the end of the year was 37.

Of the children visiting Leeds to take part in public entertainments, 63 were associated with 5 troupes. Twenty (20) juveniles took part in the pantomimes. Nine (9) were at the Grand Theatre and 11 at the Theatre Royal. These children were examined by the School Medical Officer during the last week of the pantomimes in order to ascertain whether the continuous work was having any ill effect on their physical condition. His observations will be found on page 61 of his report.

There has been no ground for complaint. Managers of places of entertainment and licence holders have combined to observe the conditions of the licences. The children attended school satisfactorily, and the apartments where they slept were found, on inspection, to be adequate, clean, and comfortable. Forty-three (43) supervisory visits were made by the Inspector at the Theatres and the apartments where the children stayed.

(4) General

Reference was made in the Report last year to the number of applications for permission to allow children (often very young children) to take part in dancing displays, the proceeds of which were to be devoted to charities or schools.

During the past 12 months, a record of such applications has been kept. The total number considered by the Committee was 105 and the number of children concerned in these entertainments must be considerable. A register of teachers of dancing has been compiled and, at the close of the year, the names of 46 teachers were on the roll. Without exception each teacher conducts a studio for private profit.

Under the provisions of Section 55 (2) of the Children and Young Persons Act 1932, which, it is anticipated, will come into force not later than September 1933, the number of times a child may take part in an entertainment—the proceeds of which are not to be for private profit—is limited to 6 in 6 months. It would appear, therefore, that this provision will necessitate the keeping of a register. The name of each child appearing in public will need to be recorded and the date of each performance entered.

It will no doubt be a matter of interest for the School Medical Service to note the physical condition and general development of children who are regular pupils of dancing classes as compared with those who engage only in the usual school recreations.

The heartiest co-operation exists between the School Medical Service, the City Police, and the Enquiry Section in their endeavour to safeguard the welfare of the children of the City.

J. H. CAPES

*Superintendent of Enquiry
Employment and Welfare Section*

